

Pet In-Hospital Claim Form

Dear Valued Client

In order for us to review your claim you need to complete the claim form and send it back to claims@oneplan.co.za or fax 086 716 7431. If claims are within the first twelve months from inception of the applicable insured pet's cover, please attach full veterinary history provided by the vet. Once we have received a fully completed form we will be able to assess the incident being claimed for. Note that failure to provide the requested records will delay the assessing of your claim.

Completion of this form by the Insured or his/her mandated representative, does not in any way limit liability. Any cost incurred in completion of this form will be the responsibility of the Insured.

A. TO BE COMPLETED BY PET OWNER

Name of Owner		Name of Pet	
Policy Number		Breed	
Phone Number		Date of Birth	
E- Mail			

IDENTIFICATION OF PET

Microchip		Birthmark	
Tattoo		Other	
Description			

DESCRIPTION OF ILLNESS OR INJURY AND HOW THE INJURY OCCURRED

Date symptoms were noticed / Injury occurred:

B. TO BE COMPLETED BY TREATING VETERINARY

Name of Practise			
Treating Doctor			
Contact Person		Contact Number	
E- Mail		History Provided	YES / NO

Diagnosis	
Were the pet's vaccinations up to date at the time of consultation?	YES / NO
COMMENTS	

I, the undersigned confirm treatment of the Insured Pet as identified and described by the pet owner in Section A of this form.

VETERINARIAN STAMP		
	Signature:	Date: