

VETERINARY CLAIM FORM



For more information, e-mail us at petclaims@dotsure.co.za or call 0861 368 7873. For general services, e-mail us at u2us@dotsure.co.za.

Your details

Policyholder name	<input type="text"/>	Policy number	<input type="text"/>
Cellphone number	<input type="text"/>	Email	<input type="text"/>
ID number	<input type="text"/>	Address	<input type="text"/>

Pet Details

Pet name	<input type="text"/>	Cause / diagnoses	<input type="text"/>
Procedure	<input type="text"/>		
Pet name	<input type="text"/>	Cause / diagnoses	<input type="text"/>
Procedure	<input type="text"/>		
Pet name	<input type="text"/>	Cause / diagnoses	<input type="text"/>
Procedure	<input type="text"/>		

If this claim is NOT for your pet, please complete the Third Party Liability Section on this form.

Claim details (This must be completed by the vet)

Is this a continuation of a prior claim or condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what's your claim no.	<input type="text"/>
Date of accident or first clinical signs (Include dates of previous related or similar conditions)	<input type="text"/>			
Date of treatment	<input type="text"/>	Date of injury/sickness	<input type="text"/>	

Attach full veterinary history including radiology, pathology reports & consultation notes where applicable or if this is your pet's first claim.

Third-party liability claims

Third party name	<input type="text"/>	Third party contact details	<input type="text"/>		
Cost of claim	<input type="text"/>	Third party email address	<input type="text"/>		
Was there injury to a person/pet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the damage caused to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/we certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/we confirm that the veterinary services as detail in accounts(s) submitted with this claim have been provided and i/we understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorize any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge the liability or guarantee payment of the claim.

Insured signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>
Veterinary signature	<input type="text"/>	Date	<input type="text"/>	
Name of attending veterinarian	<input type="text"/>	Vet practice number	<input type="text"/>	