



Policy Number:

PUMA _____

CLAIM FORM

YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other. _____

Physical Address: _____

First Name: _____

Last Name: _____

_____ Postal Code: _____

ID No:

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Postal Address: _____

Phone number: _____

Email Address: _____

_____ Postal Code: _____

YOUR PETS DETAILS

Pet's Name : _____

Pet's date of birth/age : _____

Is your pet a : Dog Cat Female Male

Breed : _____

VET TO COMPLETE

Type of claim : Accident Illness Date of Treatment : _____

When did symptoms first show: _____

Diagnosis : _____

Did the illness or injury result in the death of your pet? Yes No Date of Death: _____

Name of Vet : _____ Name of Practice: _____

Signature of Vet : _____ Date : _____

Signature of Pet Owner: _____ Date : _____

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud. I have no other insurance on the pet claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.

Please send completed forms including copies of all receipts to : P.UMA (Pet Underwriting Managing Agency (Pty) Ltd
Email Address : info@p-uma.co.za or fax 086077508113



Insurer: Renasa Insurance Company Ltd - Reg. No: 1696/000916/06 - VAT No: 4290173253 - FSP No: 15464
Underwriting Manager: Pet Underwriting Managing Agency - Reg. No: 2011/10/000107 - VAT No: 4280260426 - FSP No: 44387