



PET HEALTH INSURANCE

## PawPaw Claim form

Policy No: \_\_\_\_\_

### YOUR DETAILS

Title Dr/Mr/Mrs/Miss/Other \_\_\_\_\_

Phone Number \_\_\_\_\_

First Name \_\_\_\_\_

ID No \_\_\_\_\_

Last Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

### CLAIM DETAILS

Type of claim: Accident ☐ Illness ☐ Annual check up ☐ Puppy socialization class ☐ Cremation ☐

Date of claim \_\_\_\_\_

### YOUR PETS DETAILS

Pet's Name \_\_\_\_\_

Is your pet a: Cat ☐ Dog ☐

Pet's date of birth \_\_\_\_\_

Is your pet a: Male ☐ Female ☐

Breed \_\_\_\_\_

### VET TO COMPLETE

Date of treatment \_\_\_\_\_

Date of 1st symptoms \_\_\_\_\_

Diagnosis \_\_\_\_\_

Continuous treatment Yes ☐ No ☐

Did the illness/injury result in the death of your pet?: Yes ☐ No ☐ Date of death \_\_\_\_\_

Name of vet \_\_\_\_\_

Name of practice \_\_\_\_\_

Signature of vet \_\_\_\_\_

Date \_\_\_\_\_

### DISCLOSURE

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 [claims@p-uma.co.za](mailto:claims@p-uma.co.za) or call 021 403 9177