

# PawPaw Pet Policy Application

## Details of the pet to be insured

**Dog** ☐ **Cat** ☐

**Name:**

**DOB:**

**Breed:**

**Regular Vet:**

**Microchip Number:**

**Gender:** **Male:** ☐ **Female:** ☐

**Sterilized:** **Yes:** ☐ **No:** ☐

**Adopted:** **Yes:** ☐ **No:** ☐ Date of adoption

If yes, date of adoption

**Dog** ☐ **Cat** ☐

**Name:**

**DOB:**

**Breed:**

**Regular Vet:**

**Microchip Number:**

**Gender:** **Male:** ☐ **Female:** ☐

**Sterilized:** **Yes:** ☐ **No:** ☐

**Adopted:** **Yes:** ☐ **No:** ☐ Date of adoption

If yes, date of adoption

## Medical History

\*Please add comments under each section where you replied yes

**Pet 1 Name:**

**Pet 2 Name:**

**Yes:** ☐ **No:** ☐

**Has the pet been seen by any other vet besides their regular vet?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has the pet ever been to the vet for any medical problems?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has the pet needed medical treatment now or in the past?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Is the pet currently on any medication or prescription food?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has the pet ever exhibited excessive licking or scratching?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has the pet ever had any eye or ear problems?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has this pet ever had severe vomiting or diarrhea**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Does this pet have difficulty rising or walking?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Does this pet have any physical abnormalities?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has this pet had any behavioral problems?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Are all vaccinations up to date?**

**Yes:** ☐ **No:** ☐

**Notes**

**Yes:** ☐ **No:** ☐

**Has this pet ever been used in competitive or commercial activities?**

**Yes:** ☐ **No:** ☐

**Notes**

**Is there any other information relevant to the health and risk of your pet that you feel we should know.**

**Notes**

### Declaration

I hereby confirm that all details provided are true and correct to the best of my knowledge.  
By completing this application form you consent to us to obtain any veterinary histories required from your treating vets in order for us to underwrite this risk. All your information will be treated in the strictest confidence at all times.  
NB: Any false disclosure could result in your policy being made void.

**Signature:**

**Date:**

# PawPaw Pet Policy Application



## Policyholder details

Title:   
Name:   
Surname:   
ID/Passport No:   
Cell No:   
E-mail:

Are you currently insured or have any other insurance policies which may cover this risk?

Yes: ☐ No: ☐

If yes, please advise who the cover is with

Physical Address:   
  
Postal Code:   
Postal Address:   
  
Postal Code:

## Cover option elected

Pet 1 name:

Pet 1 Type: ☐ Dog: ☐ Cat: ☐

Plan Selection:

### Comprehensive

Platinum excess option:

- All claims will carry 15% excess, with a minimum of R250 per claim
- All Gastro-Intestinal related conditions excess – 15% or min R500 per claim

Pet 1 ☐ Pet 2 ☐

### Comprehensive

Gold excess option:

- Standard Excess – 15% of claim cost, minimum R500
- Additional MRI/CT Scans will carry an excess of R1000

Pet 1 ☐ Pet 2 ☐

### Comprehensive

Silver excess option:

- Flat Excess of R1000 per claim
- Additional MRI/CT-Scan excess of R1000 per scan

Pet 1 ☐ Pet 2 ☐

### SMART Plan

Excess option:

- All claims will carry 15% excess, with a minimum of R250 per claim

Pet 1 ☐ Pet 2 ☐

### Hospital Plan

Excess option:

- All claims will carry 15% excess, with a minimum of R250 per claim

Pet 1 ☐ Pet 2 ☐

### Accident 10 ☐ OR Accident 20 ☐

Excess option:

- All claims will carry 15% excess, with a minimum of R250 per claim

Pet 1 ☐ Pet 2 ☐

**Quote will be provided upon submission**

Renasa will donate R2.00 to an animal welfare organisation when we collect your premium

## Authority to debit account (Tick the applicable box)

### Bank account for premium collection:

Where the account holder is not the insured, our team will make contact to verify account information

Cheque ☐ Savings ☐ Transmission ☐

Account Holder:

Account No:

### Monthly payment ☐ Annual payment ☐

If annual, EFT invoice will be required upon invoice

Debit Order Date: 1st ☐ 7th ☐ 15th ☐

Bank Name:

Branch Code:

**Bank account for claims refunds** Please leave bank if the refund account is the same as the collection account.

Account Holder:

Account No:

Bank Name:

Branch Code:

- I request and authorise Renasa Insurance Co Ltd to draw against the above mentioned account, the amount necessary for
- payment of the monthly premium, as and when, required. This amount will debit every month until this arrangement is cancelled in writing by either party.
- I accept that, if the debit date falls on a weekend, I will be debited on the first working day of each month. If no debit date is selected
- P.UMA reserves the right to select the last working day of each month.
- I confirm I am the owner of the account and the authorized signatory of the account

Signature:

Date:

# DISCLOSURE DOCUMENT

(This is your statutory notice- Please read carefully)

## KNOW YOUR RIGHTS

DO NOT BE PRESSURED INTO BUYING THIS POLICY You are entitled to cancel your contract within 31 days after inception should the product not meet your requirements. Thereafter you have the right to cancel this policy by giving 31 days notice.

Do not sign any blank or partially completed application forms and please keep notes of anything said to you regarding your insurance.

You are entitled to a copy of all documentation relating to this insurance FREE of charge. You must be informed in writing if any changes are made to this contract and your policy cannot be cancelled unless a written confirmation is sent to you. You have the right to know all fees and premiums applicable to this insurance contract. All premiums are collected by debit order to your account, please make sure that you are being debited correctly. If a claim is rejected, you must be given the reasons in writing. Please make sure that all the information you supply has been recorded correctly. Any misrepresentation or incorrect information can prejudice you in the event of a claim.

## DETAILS OF THE UNDERWRITING MANAGER

Company: Pet Underwriting Managing Agency (Pty) Ltd.  
Physical Address: 29th Floor, Atterbury House, 9 Riebeeck Street, Cape Town, 8000  
Cape Town CBD.  
Contact details: Phone – 021 403 9177  
Email – info@p-uma.co.za  
Registration No. 2011/107009/07  
Authorised Financial Service Provider FSP No. 44387  
Compliance Officer Associated Compliance (Pty) Ltd. PO Box 9655, Devon Valley  
Tel – 011 678 2533 Fax – 011 678 7731



## DETAILS OF THE INSURER

Company: Renasa Insurance Company Ltd  
Physical Address: P.O. Box 412072, Craighall, Johannesburg, 2024  
Contact details: Phone: 011 380 3080  
Fax : 011 380 3088  
Email – info@renasa.co.za  
Registration No. 1998/000916/06  
Authorised Financial Service Provider FSP No. 15491



## KNOW YOUR RIGHTS

The above parties are all fully licensed to practice short term Insurance in regards of personal and commercial Lines.

P.UMA are Renasa Insurance Company Ltds' underwriting manager for pet insurance and have a written mandate to conduct business.

There is no direct financial interest between the companies.

P.UMA carry Professional Indemnity Insurance as well as Fidelity Guarantee cover. A financial guarantee is not required.

If any of the parties act unprofessionally please report to their respective Compliance Officer.

Please make sure that all the information you supply has been recorded correctly. Any misrepresentation or incorrect info can prejudice you in the event of a claim. Should you have a complaint about your Insurance and the Insurer/Broker and Underwriting manager are unable to satisfy your enquiry, you may approach the following parties.

Ombudsman Detail FAIS Ombud	Ombudsman Detail Short term Ombud	Fraudline
P.O. Box 74571 Lynwood ridge 0040 Tel: (012) 470 9080 Fax: (012) 348 3447	P.O. Box 32334 Braamfontein 2017 Tel: (011) 726 8900 Fax: (011) 726 5501	Should you suspect any fraudulent activity involving your insurance, please contact Fraudline on 0860 002526.
<b>Responsible for Compliance matters</b>	<b>Responsible for Compliance matters</b>	<b>ANY Fraudulent activity</b>