

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 or call 021 403 9177