

# CLAIM FORM



1st for women

Dear Valued Client

In order for us to review your claim you need to please complete the claim form and send it back to [petclaims@firstforwomen.co.za](mailto:petclaims@firstforwomen.co.za) **If claims are within the first twelve months from inception of the applicable insured pet's cover, please attach full veterinary history, provided by the vet.** Once we have received a fully completed form we will be able to assess the incident being claimed for. Note that failure to provide the requested records will delay the assessment of your claim.

Completion of this form by the Insured or his/her mandated representative, does not in any way limit liability.

Any cost incurred in completion of this form will be the responsibility of the Insured.

A. TO BE COMPLETED BY PET OWNER			
Name of Owner		Name of Pet	
Policy Number		Breed	
Phone Number		Date of Birth	
E-Mail			

IDENTIFICATION OF PET (Please tick identification and provide a description or number)							
Microchip	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>	Birthmark	<input type="checkbox"/>	Other	<input type="checkbox"/>
Description							

DESCRIPTION OF ILLNESS OR INJURY AND HOW THE INJURY OCCURRED	
Date symptoms were noticed / Injury occurred:	

B. TO BE COMPLETED BY TREATING VET			
Name of Practice			
Treating Vet			
Contact Person		Contact Number	
E-Mail		History Provided	YES / NO

0861 20 13 13

[www.firstforwomen.co.za](http://www.firstforwomen.co.za)

Call Center operating hours:  
Weekdays 07h00 to 18h00  
Saturday 07h00 to 14h00  
24/7 365 emergency claim services available.



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<b>Diagnosis</b>	
<b>Were the pet's vaccinations up to date at the time of consultation?</b>	<b>YES / NO</b>
<b>COMMENTS</b>	

I, the undersigned confirm treatment of the Insured Pet as identified and described by the pet owner in Section A of this form.

<b>CLIENT SIGNATURE</b>	
<b>Signature:</b>	<b>Date:</b>

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