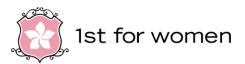
## **CLAIM FORM**



**Dear Valued Client** 

In order for us to review your claim you need to please complete the claim form and send it back to <u>petclaims@firstforwomen.co.za</u> 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	

MicrochipTattooBirthmarkOtherDescription	IDENTIFICATION OF PET (Please tick identification and provide a description or number)						
Description	Microchip		Tattoo		Birthmark		Other
	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



YES / NO

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

Date:

0861 20 13 13

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

## www.firstforwomen.co.za



First For Women Insurance Company Ltd is an authorised non-life insurer and financial services provider Administered by Oneplan Underwriting Managers (Pty) Ltd an authorised financial services provider.