CLAIM FORM

SHU
Equine Veterinary Insurance

YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other._____

First Name:_____

Last Name:_____

ID No: | | | | | | | | | | | | | |

Phone number:_____

Email Address:_____

Physical Address:_____

_____

_____Postal Code:_____

Postal Address:_____

_____

_____Postal Code:_____

YOUR HORSE'S DETAILS

Horse's Name : _____

Horse's date of birth : _____

Is your Horse a : Female☐ Male☐

Breed : _____

VET TO COMPLETE

If you are unable to get your vet to complete this section, P.UMA will contact your vet on your behalf

Type of claim : Accident ☐ Illness ☐ Date of Treatment : _____Date of 1st symptoms_____

Diagnosis : _____

_____

Continuation Treatment: Yes ☐ No☐

Did the illness or injury result in the death of your Horse? Yes ☐ No ☐ Date of Death _____

Name of Vet : _____ Name of Practice _____

Signature of Vet : _____ Date : _____

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 : info@p-uma.co.za or fax 0866914723

PawPaw is brought to you by p.uma on behalf of RENASA INSURANCE COMPANY LIMITED

Insurer: Renasa Insurance Company Ltd – Reg. No. 1998/000916/06– VAT No. 4290173253 – FSP No. 15491
Underwriting Manager: Pet Underwriting Managing Agency – Reg. No. 2011/107009107 – VAT No. 4280260425 - FSP No. 44387