

VETERINARY CLAIM FORM

(One claim form per pet)

FORM AND INVOICE TO BE SENT TO: oakhurstclaims@oakhurstins.co.za

BEFORE SUBMITTING YOUR CLAIM, PLEASE INCLUDE:

- Proof of payment
- A FULL veterinary history if this is your FIRST claim for the pet.

Claims must be received within 30 (thirty) days from date of treatment. Please ensure that the full diagnosis is included on the claim form and/or on the vet invoice.



1. YOUR DETAILS (POLICY HOLDER) (TO BE COMPLETED BY CLIENT)

Name		Surname				
Home number		Work number				
Cell number		Email address				
Policy number		Plan				
Claim number		Excess buster	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

2. YOUR PET'S DETAILS (TO BE COMPLETED BY CLIENT)

Pet name		Pet age			
Species		Breed			

3. YOUR CLAIM DETAILS (TO BE COMPLETED BY VETERINARIAN)

Type of claim	<input type="checkbox"/>	Accident	<input type="checkbox"/>	Illness	<input type="checkbox"/>	Hereditary	<input type="checkbox"/>	Routine care	<input type="checkbox"/>
Date of injury/illness									
Is this a continuation on a prior claim/diagnosis (follow up)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO					
If YES, please advise on previous diagnosis									

Date of previous treatment	Veterinarian	Diagnosis (must be provided)	Date the first signs presented themselves	Total charged

3. YOUR CLAIM DETAILS (CONT.)**(TO BE COMPLETED BY VETERINARIAN)**

Cause of injury/condition	
Condition/diagnosis being claimed for	
Total cost of claim	
Practice name/Veterinarian	

4. DECLARATION

I/We warrant that the information given in this form is true in every respect. No information likely to affect this claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or omission of any material facts may result in the rejection of the claim and/or cancellation of the policy. Furthermore, deliberate misrepresentation may lead to legal prosecution. I/We confirm that the accounts submitted with this claim have been paid in full and I/We understand that Oakhurst Insurance will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise any Veterinary Surgeon who has treated my pet to provide the insurer with any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of this claim.

Signature of pet owner		Date	
Name of attending vet		Date	
Signature of attending vet		Veterinary stamp	

Telephone	+27 44 805 3700
Website	www.oakhurstins.co.za
Address	Hurteria Building, 127A York Street, George, 6530

OAKHURST

INSURANCE COMPANY LIMITED

We Really Care, We Deliver