

# APPLICATION FOR ACCIDENTAL INJURY COVER



## POLICYHOLDER DETAILS

Title : Dr / Mr / Mrs / Miss / Other \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

First Name : \_\_\_\_\_  
Last Name : \_\_\_\_\_  
ID No: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

postal code \_\_\_\_\_

## DETAILS OF THE PET INSURED

Name: \_\_\_\_\_ Pet :  DOG  CAT Gender  MALE  FEMALE

Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Microchip / tattoo number ( if available): \_\_\_\_\_ Has this dog been spayed or neutered?:  YES  NO

Who is your pet's regular vet? \_\_\_\_\_

## MEDICAL HISTORY

- Has this pet ever been to the veterinarian for any medical problems?
- Has this pet needed medical treatment now or in the past?
- Is this pet currently on any medication or prescription food?
- Has this pet ever exhibited excessive licking or scratching?
- Has this pet ever had any eye or ear problems?
- Has this pet ever had severe vomiting or diarrhoea?
- Does this pet have difficulty rising or walking?
- Does this pet have any physical abnormalities?
- Has this pet had any behavioural problems?

Please tick the appropriate box

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If you answered yes to any of these questions, please provide details

Is there any other information you feel we should know about? If yes, please provide details:

Monthly Premium

## AUTHORITY TO DEBIT ACCOUNT

R2.00 will be donated to an animal welfare organisation when P.uma collect your premium

Account Holder \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account Number \_\_\_\_\_ Debit Day

Account Type  Current  Saving

I request and authorise P.UMA(PTY) Ltd to draw against the above mentioned account, the amount necessary for payment of the monthly premium, as and, when required. This amount will debit every month until this arrangement is canceled in writing by either party. I accept that, if the debit date falls on a weekend, I will be debited on the subsequent working day. If no debit date is selected P.UMA reserves the right to select the last working day of each month.

Signature

I the Policy Holder hereby confirm that I have read and understand the General Requirements and what is not covered by this policy

Date

This policy is available through Inn Focus An Authorised Financial Services Provider : Licence No : 16444 brought to you by P.uma on behalf of Renasa

Insurer : Renasa Insurance Company Ltd – Reg No : 1998/000916/06 VAT NO : 4290173253 FSP NO : 15494

Underwriting Managers : Pet Underwriting Managing Agency – Reg No : 2011/107009/07 VAT No : 4280260425 FSP No. 44387

