



PET HEALTH INSURANCE

# ACCIDENT/INCIDENT REPORT FORM

Policy No:

## YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other. \_\_\_\_\_

Physical Address: \_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Last Name: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

ID No:

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

Phone number: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

## YOUR PETS DETAILS

Pet's Name : \_\_\_\_\_

Pet's date of birth : \_\_\_\_\_

Is your pet a : Dog  Cat  Female  Male

Breed : \_\_\_\_\_

## DETAILS OF ACCIDENT/INCIDENT

Accident /Incident date \_\_\_\_\_ Date of 1<sup>st</sup> symptoms \_\_\_\_\_

Short description of accident or incident :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](mailto:info@p-uma.co.za) or fax 0866914723

PawPaw is brought to you by



on behalf of



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