APA INSURANCE

A New Dimension In Insurance

PET INSURANCE CLAIM FORM

Policy No: _____

To be completed by the Insured and the attending Veterinary Doctor and return within 30 days of its receipts by the insurer

1. Name in full	
2. Present profession or occupation	. . . .
3. Present address	
4. Nature of claim	. . . .
5. a. When and where did the accident occur?	Date . . . . Time . . . .
b. How did it happen? (Full description to be given)	Place . . . .
c. Name and addresses of any witnesses of the Accident	. . . .
d. Name and address of Vet doctor who attended immediately after the accident	. . . .
e. Name and address of doctor now attending	
6. a. When was the animal taken ill?	
b. State the symptoms noticed and action taken	

Medical Report.   Any claim must be supported by a detailed report from the attending veterinary doctor.

For MEDICAL claims please attach a Original Receipts of payments, Case management History & copies of prescription.

For theft claims please attach a police abstract.

DECLARATION

I, the undersigned, hereby declare that the above statements, are true in every respect and made without reservation and I hereby claim to be paid.

Date: _____   **Signature:** _____

MEDICAL REPORT

(to be filled by the appointed qualified veterinary doctor and sent in confidence to the insurer)

Name of Insured Animal or Number	
1. Describe fully the cause and circumstances of the accident as stated to you?	
2. Are the appearances of the injuries consistent therewith?	
3. Nature of injury – please give detailed particulars	
4. On what date were you first consulted in connection with this incident?	
5. Are you the usual Vet Attendant? If so, for how long? Kindly provide your registration details from KVA/ KVB 6. Is the animal suffering from any injury or disease irrespective of that stated above? If so, please state nature of the same and to what extent recovery may be affected thereby.	
7. If not accident, give diagnosis and nature of Treatment made 8. Give breakdown of the costs involved 9. General Remarks	

In case of death give a separate detailed post mortem report including photos of the carcass.

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I certify that to the best of my belief the foregoing statements are correct

Name: . . . . **Qualification:** . . . .

Signature: . . . . **Date:** . . . .

Address: . . . . **Registration Number:** . . . .