

## KIDO PET INSURANCE CLAIM FORM – ACCIDENTS, ILLNESSES & KIDO PET PERKS

<p><b>Policy Details</b></p> <p>Broker Company Name (if applicable)</p> <p>_____</p> <p>Policy Number</p> <p>_____</p>	<p>Please return the following documents within 30 days of receiving your first invoice from your vet to <a href="mailto:claims@kidopet.co.za">claims@kidopet.co.za</a>:</p> <ul style="list-style-type: none"> <li>Detailed invoice (statement not accepted)</li> <li>If this is your 1<sup>st</sup> claim please attach a full veterinary history from your vet</li> <li>Veterinary history from your vet for this claim if a new condition</li> </ul>
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<p><b>Pet Owner Details</b></p>	
<p>Title (Dr, Mr, Mrs, Miss, Other) _____</p> <p>First Name _____</p> <p>Last Name _____</p>	<p>ID Number _____</p> <p>Contact Number _____</p> <p>Email Address _____</p>

<p><b>Pet Details</b></p>			
<p>Name _____</p> <p>Date of Birth _____</p> <p>Breed _____</p>	<p>Dog <input type="checkbox"/></p> <p>Male <input type="checkbox"/></p>	<p>Cat <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	

<p><b>Claim Details</b></p>	
<p>What are you claiming for:    Accident/Illness <input type="checkbox"/>    Pet Perks (Routine Care) <input type="checkbox"/></p>	
<p>What was your pet seen for and what was the diagnosis</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Vet Practice Name _____</p> <p>_____</p> <p>Phone Number _____</p> <p>Name of Veterinarian _____</p>	<p>Date (Period) of Treatment _____</p> <p>Has this been treated before    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>Did your pet die/put to sleep    YES <input type="checkbox"/>    NO <input type="checkbox"/></p>