

PET ASSURE POLICY**CLAIM FORM**

PLEASE ANSWER EVERY QUESTION AND FULLY

The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company.

Policy Issuing office's name & address	
Financer's or Bankers Name & address	

1	Policy No					
2	Name of the Insured:					
3	Communication Address with Contact Number & Email id: Contact No:					
4	Details of Insured Pet in respect of which Claim is made					
	Name of the Pet	Sex (M/F)	Age (YY.MM)	Breed	Micro Chip/RFID/Tag number	Unique Identification Description
5	Details of the Claim:					
	Name of the Section(s) in which claim has incurred along with details	Date of Loss	Place of Loss	Estimated Claim Amount		
a.	Death due to Accident					
b.	Death due to Illness					
c.	Hospitalisation Expenses (including Fracture and Pre and Post Surgery)					
d.	Specific Illness					
e.	Terminal Diseases Expenses					
f.	Surgical Expenses Cover (including Fracture and Pre and Post Surgery)					
g.	Long Term Care					
h.	OPD Expenses					
i.	Pregnancy & Related Complications					
j.	Insect or Vector Borne Diseases					
k.	Recovery Care					
l.	Dental Treatment					
m.	Health Check-up					
n.	Wellness Services					
o.	Cremation Cost					
p.	Lost / Stolen Dogs					
q.	Third Party Liability					
r.	Emergency Pet Minding					
s.	Tag Cover					
t.	Loss of show entry fees					

u.	Road Ambulance			
5.	In case of Theft/Lost/straying pet, please provide general diary details			
6.	Pls confirm if any advertisement is given for lost/stolen pet.			
7.	In case the lost/stolen pet is found, please confirm how and who traced the pet.			
8.	Have you received any legal notice from a third party with regard to injury/ damage caused by Insured Pet?	Yes/ No If Yes, please provide details:		
9.	Name of the Vet Clinic/Hospital: Name of the Vet: Contact no: Email id:			
10.	Do you have any other Pet Insurance Policy? If yes, give details.			
Please confirm if below documents are enclosed with this form:				
(i)	Vaccinations Certificate			
(ii)	Death Certificate along with colored photographs of the deceased pet (in case of death)			
(iii)	Vet Medical Papers and Bill (as applicable)			
(iv)	Copy of General Diary Entry lodged by police (in case of theft/missing)			
(v)	FIR (in case of Third-Party Liability)			
(vi)	Copy of advertisement (In case of theft/missing)			
(vii)	Hospital bill (in case of Hospitalization)			
(viii)	Court Orders (in case of Third-Party Liability)			
(ix)	Diagnostics Report (in case of Terminal Diseases Expenses Cover, Long Term Care Cover and OPD Expenses Cover)			
(x)	Any other necessary document that is attached with this claim form			

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers and accordingly I/We authorise the Company to do the same for the purpose of underwriting /servicing the policy
3. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Signature of the Insured

Name

Address

Date