MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
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A Member of MS&AD INSURANCE GROUP

Pet Insurance Claim Form

Policy Number	
Claim Helpline +65 6827 7660 8.45 am - 5.30 pm, Monday to Friday (excluding public holidays)	

Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Particulars of Insured (Pet Parent)

Name of Insured (Pet Parent) (As in NRIC / FIN / Passport)*			NRIC / FIN / Passport No.*
Business / Home Address*			Gender ❑ Male ❑ Female
Contact Person+			Business / Occupation
Contact Number (H)	(O)	(HP)	Email

Particulars of Pet

Name of Pet		
Gender ❑ Male ❑ Female	Microchip No.	Type of Pet ❑ Dog ❑ Cat
Breed Type	Date of Birth (mm/yyyy) / Age	Reside same premise as Insured: ❑ Yes ❑ No

+ If applicable * Delete if not applicable

Details of Claim

Accidental Injury

Date (dd/mm/yyyy)	Time ❑ am ❑ pm	Place

State fully what happened / Nature and Extent of Injury sustained

Has your Pet previously suffered from an injury to the same part? ❑ Yes ❑ No

Are there any more medical bills to be submitted? ❑ Yes ❑ No

Sickness (if applicable)

Nature of Sickness / Symptom

Date First Began (dd/mm/yyyy)	Date First Treated (dd/mm/yyyy)

Has the sickness been treated previously? ❑ Yes ❑ No

If Yes, please state Name and Address of the Veterinarian

Date of previous treatment:

Is the sickness due to breeding, spaying or neutering? ❑ Yes ❑ No

If Yes, please specify condition:

Final Expenses Claim

Cause of Death:	Reason for Euthanasia (if applicable)

OTHER INSURANCE OR COMPENSATION

Is the Pet presently also insured for Pet insurance under another Insurance Company? ❑ Yes ❑ No

If Yes, please state Name of Insurance Company and Policy Number:

Is the Pet claiming from another Insurance Company/other sources? ❑ Yes ❑ No

If Yes, please provide a copy of their settlement details.

Supporting Documents

1. Original medical bills / receipts 2. Medical Report / Discharge Summary

Medical Authorisation

I hereby authorise any veterinarian or other person who has attended or examined my pet to furnish to the Insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

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Signature of Insured (Pet Parent)

Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/we shall forfeit my/our rights to claim under the policy.

Please make the cheque payable to _____

.....

Signature of Insured (Pet Parent)

....

Name Date

MEDICAL REPORT

The Insured must obtain at his/her own expense the medical report from his/her Veterinarian.

TO BE COMPLETED BY ATTENDING VETERINARIAN

Name of Pet	Microchip No.
What is the cause of the injury / sickness?	
Final Diagnosis	
Nature and Extent of injury / sickness	

Is the sickness due to breeding, spaying or neutering? ❑ Yes ❑ No

Is the sickness preventable by vaccines and/or prophylatic medicine? ❑ Yes ❑ No

Is the procedure cosmetic, preventative in nature? ❑ Yes ❑ No

Date when symptom first started	Approximate date of discovery of the injury/ sickness	When did the Pet first consult you for this condition?

Details of presented symptoms, Nature and Date of Treatment rendered

Veterinarian previously consulted by the Pet for the above condition:

Name of Veterinarian	Date	Name of Clinic / Hospital	Address

Is the Pet still under your care for this condition? ❑ Yes ❑ No

....

Signature of Veterinarian Date

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Name / Designation Name and Address of Clinic / Hospital