

Brave-Protect CLAIM FORM



(Please use one form per pet)

PET OWNER'S DETAILS

Member's name & surname

Member's identity number

Residential address
Code

Cell Tel. home

Tel. work Email address

PET'S DETAILS

Pet's name

Please tick appropriate box ☐ Dog ☐ Cat Please tick appropriate box ☐ Female ☐ Male

Breed Pet's date of birth

ACCIDENT DETAILS

Date of accident Description of injury

RECORD OF VETERINARY SERVICES (To be completed by the attending veterinarian)

Date of treatment	Veterinary practice/service provider	Diagnosis (Details of your pet's injury)	Date first showed clinical signs	Total charged

YOUR BANKING DETAILS

If your claim is approved, the reimbursement will show in your account within 14 working days after we have received all the required information.

Account holder's name	<input type="text"/>
Bank name	<input type="text"/>
Branch name	<input type="text"/>
Account number	<input type="text"/>

YOUR PERSONAL INFORMATION

Brave-Protect cares about the safety of your personal information. We will treat your personal information with caution and we have put reasonable security measures in place to protect it. We will share the personal information you provide by completing this form, with third-party providers, for the sole purpose of providing a benefit to you.

IMPORTANT NOTES

- Submit your claim to braveprotect@msd.com within 30 days of the date of injury.
- Please include all the below information when you submit your claim:
 - A completed claim form.
 - Proof of payment.
 - A detailed invoice from your Vet.
- Incomplete information will result in a delay in processing your claim.
- There is a R500 excess which is the amount that you are responsible for on each and every claim, but it will be deducted from your reimbursement.

DECLARATION BY PET OWNER

- I confirm that all the information provided in this claim form is true and correct.
- I confirm that I do not have pet insurance in place which covers the veterinary treatment in respect of the pet claimed for on this claim form.
- I authorise the Veterinarian whose details are on this form to provide Brave-Protect or a third-party provider with any details they may require to finalise this claim.

Signature of Member	<input type="text"/>	Date	<input type="text"/>
Signature of attending Veterinarian	<input type="text"/>	Date	<input type="text"/>
Name & Surname of attending Veterinarian	<input type="text"/>		

<input type="text"/>
Vet stamp