Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/06
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

My Paw Pal Insurance Claim Form

Policy / Certificate No ____________

Important Notice:
1 The acceptance of this form is NOT an admission of liability on the part of the Company.
2 The claimant must state all information requested as fully and accurately as possible.
3 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Personal Particulars of Pet Owner / Claimant

Full Name (as in NRIC/FIN): Dr/Mr/Mrs/Ms ____________

NRIC/FIN Number: ____________ Date of Birth: ____________

Residential Address: ____________

____

Email Address: ____________ Mobile Number: ____________

Personal Particulars of Pet

Pet's Name: ____________ Pet Type: ❑ Dog ❑ Cat Breed Type: ____________

Microchip No. ____________ Gender: ❑ Male ❑ Female

Date of Birth (mm/yyyy)/Age ____________ Reside in the same premise as Insured? ❑ Yes ❑ No

Types of Claim

Note: Please complete only the section(s) which is relevant to your claim and tick ☑ where appropriate.

A. ❑ **Accidental Death** ❑ **Cremation or Burial Expenses Due to An Accident**
❑ **Medical Expenses Due to An Accident** ❑ **Third Party Liability**

Supporting documents required include:
- Medical Report (at the claimant's expense before a claim can be admitted).
- Original medical receipt/bills indicating the breakdown of the expenses incurred (consultation and medication prescribed).
- Any other documents that can facilitate the assessment of the claim.

Date and Time of Accident or incident: ____________

Please describe what happened:

____

____

____

Details of injury (if applicable): ____________

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

Will there be any more treatments required?

❑ Yes, next treatment will be on: ____________

❑ No, there will be no further bills to be submitted.

B. ❑ **Loss of dog due to theft** ❑ **Cremation or Burial Expenses due to illness**
❑ **Medical Expenses due to illness**

Supporting documents required include:
- Medical Report (at the claimant's expenses before a claim can be admitted).
- Police Report
- Any other documents that can facilitate the assessment of the claim.

Date and Time of Illness or incident: ______________________________

Please describe what happened:

____

____

____

Details of Illness (if applicable): ______________________________

Has your Pet previously suffered the same illness (if applicable)? ❑ Yes ❑ No

Will there be any more treatments required?

❑ Yes, next treatment will be on: ______________________________

❑ No, there will be no further bills to be submitted.

Other Insurance / Information

Is your Pet presently also insured for Pet Insurance under another Insurance Company?

❑ Yes ❑ No If Yes, please furnish details.

____

Do you have any other policies covering you on respect of this claim? ❑ Yes ❑ No If Yes, please furnish details.

____

Payment Details (*If Claim falls within the terms and conditions of the Policy*)

If your claim is approved and you are registered with PayNow, the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.

Payee Name: ____________________ ***Payee NRIC:*** ____________________

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

Medical Authorisation

I hereby authorize any veterinarian or other persons or organisation who has attended or examined my pet, to disclose to **Sompo Insurance Singapore Pte. Ltd.** or its representative any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certificate, including earlier medical history. A photocopy of this authorisation shall be considered as effective and valid as original.

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

Name & Signature of Claimant ____________________

Date ____________________

NRIC Number ____________________

MEDICAL REPORT

Note: The pet owner 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. (If applicable): ______________________

What is the cause of the injury/sickness?

____

____

Final Diagnosis: ____

Nature and Extent of injury/sickness: ____

Is the sickness due to breeding (or any other commercial or occupational purposes), spaying or neutering?

❑ Yes, please explain: ____
❑ No.

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

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

Date when symptoms 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:

____

Cause of Death (if applicable):

____

Reason for Euthanasia (if applicable):

____

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

______________________ ______________________

Name / Designation Name and Address of Clinic / Hospital