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A Member of **MS&AD** INSURANCE GROUP

Pet Insurance Claim Form

Policy Number

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

(A) Particulars of Insured (Pet Parent)

Name of Insured (Pet Parent) _____ Gender ☐ Male ☐ Female

(As in NRIC / FIN / Passport)*

NRIC / FIN / Passport No.* _____ Business / Occupation _____

Business/Home Address* _____

Contact Person* _____ Email _____

Contact Number (H) _____ (O) _____ (HP) _____

*Delete if not applicable +If applicable

(B) Particulars of Pet

Name of Pet _____ Gender ☐ Male ☐ Female

Microchip No. _____ Breed Type _____ Type of Pet ☐ Dog ☐ Cat

Date of Birth _____ Age _____ Reside same premise as Insured ☐ Yes ☐ No

(mm/yyyy)

(C) Details of Claim

Accidental Injury

Place _____ Date _____ Time _____ ☐ am ☐ pm

(dd/mm/yyyy)

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 _____ Date First Treated _____

(dd/mm/yyyy)

(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: _____

(dd/mm/yyyy)

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.

(D) Supporting Documents

1. Original medical bills / receipts

2. Medical Report / Discharge Summary

(E) 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.

Signature of Insured (Pet Parent)

(F) Mode of Payment (if applicable)

My preferred way to receive payment is:

☐ **PayNow**

Name of Account Holder _____ NRIC / FIN / UEN Number _____

☐ **Credit to my Bank Account**

Name of Account Holder _____ NRIC / FIN / UEN Number _____
(as in Bank Account)

Bank Name _____ Bank Code _____ Branch Code _____

Bank Account Number (Please key in numbers only and omit any dashes '-') _____

(G) Declaration

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website www.msig.com.sg.

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

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 the Insurer may refuse to pay the claim.

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 prophylactic 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 _____

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

Name / Designation

Date

Name and Address of Clinic / Hospital