

CIMB My Paw Pal Claim Form

Important Notice

1. The acceptance of this form is NOT an admission of liability on the part of the Company.
2. Do retain the original final bills and supporting documents for 6 months after claims submission, as we may request for them.
3. All medical reports must be submitted at the claimant's expense before a claim can be admitted.
4. Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Policy No: _____

Personal Particulars of Policyholder (Pet Owner)

Name (as shown in NRIC/FIN): Dr/Mr/Mrs/Ms _____

NRIC/ FIN Number: _____ Date of Birth: _____

Mailing Address: _____

Mobile Number: _____ Email Address: _____

Personal Particulars of Insured Pet

Name of Pet: _____ Microchip No: _____

Pet Type: ☐ Dog ☐ Cat Breed Type: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ Reside in same premise as Policyholder? ☐ Yes ☐ No

Details of Medical Expenses Claim due to Accident/ Illness

Note: Please complete the relevant section(s) for your claim and indicate "NA" if the section is not applicable.

Please refer to Page 4 for the "Checklist of Supporting Documents" required for the relevant Policy Sections.

Date and Time of Incident: _____

Location of Incident: _____

1. State the detailed description of what exactly happened to the insured pet.

2. Describe the specific type of illness diagnosed/ injury sustained. (Vet's diagnosis and causation are required).

3. Was a police report made for this incident?

☐ Yes. Please provide details and attach a copy of the police report.

☐ No.

4. Was there any hospitalisation due to this illness/ injury?

☐ Yes.

a) Date of Admission: _____

b) Date of Discharge: _____

c) Name of Hospital: _____

☐ No.

5. Have the insured pet ever suffered from or been recommended to receive treatment for this illness/ injury or a similar condition before?

☐ Yes. Please provide details: _____

a) When did it last seek treatment? _____

b) Where did it last seek treatment? _____

☐ No.

6. What is the amount that you are claiming for Medical Expenses: _____

7. Is the insured pet still on follow-up medical treatment for this illness/ injury?

☐ Yes.

☐ No.

Other Claims

Is there any other benefit(s) that you would like to claim?

☐ Yes. Please provide details and supporting documents of the claim.

☐ No.

Other Insurance Coverage

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

☐ Yes. Please state name of Insurance Company and Policy number.

☐ No.

2. Have you submitted the claim to other insurer for this same incident?

☐ Yes.

☐ No.

3. Has the above claim been settled?

☐ Yes. Please provide settlement letter.

☐ No. Please state reason: _____

Payment Information

Please note that we can only issue payment to Policyholder by PayNow.

☐ PayNow (Only for Registered with NRIC/FIN number)

• Payee Name (as per Bank Record): _____

• Payee NRIC/ FIN Number: _____

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 of Policyholder

Signature of Policyholder

Date

Checklist for Supporting Documents

**You will need to submit the following documents before your claim application can be processed.
If required, we may send an email to you requesting for further documents.**

Medical Expenses

- Itemised Medical Bills and Receipts (Please retain the originals for our verification later.)
- Medical Report to be filled up by the Attending Veterinarian - Please refer to Page 5.
(Cost to obtain this document will not be reimbursed.)

Death

- Death Certificate
- Invoices of Cremation and Burial expenses
- Police report, if applicable

Any other documents that can facilitate the assessment of the claim.

Medical Report

(To be completed by Attending Veterinarian)

Note: The pet owner must obtain at his/her own expenses for this medical report from his/her Veterinarian.

Name of Pet: _____

Microchip No: _____

1. What is the cause of injury/ illness?

2. Final Diagnosis: _____

3. Is the sickness due to breeding, spaying or neutering? ☐ Yes ☐ No

4. Is the sickness preventable by vaccines and/or prophylactic medicine? ☐ Yes ☐ No

5. Is the procedure cosmetic, preventative in nature? ☐ Yes ☐ No

6. Date when symptoms first started: _____

7. Approximate date of discovery of the injury/illness: _____

8. When did the Pet first consult you for this condition? _____

9. Details of presented symptoms, Nature and Date of Treatment rendered:

10. Cause of Death (if applicable): _____

11. Reason for Euthanasia (if applicable): _____

Veterinarian previously consulted by the Pet for the above condition:

Name of Veterinarian	Date of Visit	Name of Clinic/Hospital	Address

12. Is the Pet still under your care for this condition? ☐ Yes ☐ No

Signature of Attending Veterinarian

Name & Designation of Attending Veterinarian

Name & Address of Clinic/ Hospital

Date