

PET CLAIM FORM

How to Submit a Pet Insurance Claim

In the event that one of your pets suffers an illness or accident, Salama Pet Insurance is here to help. Our claims process is simple and straightforward so you can relax and focus on what matters most, the health of your pet. For the quickest resolution of your claim, follow the steps below:

At the Vet's Office

- Make note of your vet's contact info. You'll need it later when you file your claim.
- Gather all medical records from your vet, including your pet's medical diagnosis and any notes associated with it. If it's your first claim with us, please provide medical records, vaccination card from the past 12 months (including adoption records if applicable).
- Ask for a copy of your invoice and an itemized receipt.
- If the veterinary clinic is submitting the claim to petclaims@amnly.com on your behalf, then you are not required to follow the next steps.

After Your Pet Is Home

- Attach all medical records and vet notes, along with invoices and itemized receipt.
- Submit your claim via email petclaims@amnly.com.
- Make a copy of your paperwork to keep on file.

That's it! Remember to submit your claim within 15 days of your pet's vet visit, and if the claim is covered, you'll receive reimbursement by check or direct deposit – most claims are processed in less than 10 days.

Need help along the way? Our team is available on +971 4581 3613 9:00am to 5:00pm Sunday to Thursday or on petclaims@amnly.com to assist with any questions you may have.

All claims must be submitted in writing within fifteen (15) days of the treatment or receipt date.

1. Member Info

Policy Number:	
Pet Parent Name:	Microchip Number:
Phone Number:	Pet Date of Birth:
Pet Name:	Pet Breed:

2. Vet Visit Info

Clinic Name:	Vet Name:
Phone Number:	Email:

Please attach medical records (i.e. SOAP notes, vet notes, chart notes) from your veterinarian for the claimed incident.

Important Note: Medical records often differ from discharge instructions and invoices, so it is important to ask your vet specifically for chart/SOAP/vet notes.

*Please note: if this is your first claim, please provide 12 months of medical records and vaccination card. If you have recently adopted your pet and don't have 12 months of medical records, all you will need to submit is your adoption contract.

Attach invoices and/or itemized receipts along with this completed claim form.

3. Benefits Claimed under Sections:

Section 1 – VET's Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Amount AED.
Section 2 – Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Amount AED.
Section 3 – Advertising & Rewards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Amount AED.
Section 4 – Euthanasia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Amount AED.

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4. Diagnosis and Invoice Info

		AED
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
		AED
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
		AED
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges

5. Sign and Date

Policy holder declaration: I declare my veterinarian recommended the treatment for which I am claiming. The particulars given are correct to the best of my knowledge and belief. I authorize my veterinarian to release medical records and give consent to Salama, to communicate with my veterinarian or veterinarian's staff.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

All claims must be submitted in writing to Salama within fifteen (15) days of the treatment or receipt date. Please allow at least 7 business days for processing.

Incomplete forms will delay claims processing.

Signature	Date
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6. Pet Parent Bank Details

You may fill in your bank details at the time of submitting the documents to petclaims@amny.com.

Beneficiary Name	
IBAN	
Bank Name	
Swift Code	

7. Internal Use

Approved Amount	
Authority Number	
Remarks	
Date & Stamp	