Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP27081V012627
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

CASHLESS PRE-AUTHORISATION REQUEST FORM

PET INSURANCE (DOGS & CATS)

For Submission by Network Veterinary Hospital / Registered Clinics

SECTION A: POLICYHOLDER DETAILS

1) Insurance Company:
2) Insurance Policy Number:
3) Policyholder Name:
4) Contact Number: 6) Email ID:
7) Pet Attendants Name:

SECTION B: PET DETAILS

8) Pet Name:
8) Insurance Card Number:
10) Species: ☐ Dog ☐ Cat 10) Breed: _____ 11) Sex: ☐ Male ☐ Female ☐ Neutered/Spayed
12) Date of Birth / Age: 13) Colour / Identification Marks: _____
14) Microchip Number (if applicable): 15) Current Weight: _____ kg
16) Date of Last Vaccination: _____ 17) Vaccination Status: ☐ Up to Date ☐ Not Up to Date
18) Registration Number (Municipal Other): _____

SECTION C: VETERINARY HOSPITAL DETAILS

22) Hospital/Clinic Name: _____
23) Address: _____
_____
24) Veterinarian Name: _____
25) Registration Number (State Veterinary Council):
26) Contact Number: 27) Email: _____

SECTION D: CLINICAL INFORMATION

28) **Nature of Visit / Admission**
☐ Emergency ☐ Planned ☐ Illness ☐ Accident ☐ Injury ☐ Surgery ☐ Diagnostic Evaluation
☐ Outpatient Department (OPD) ☐ Day Care ☐ Other: _____

29) Date of Onset of Symptoms:

30) Date of First Consultation for Current Condition:

31) Detailed Clinical History:

32) Presenting Symptoms:

33) Diagnosis:
☐ Confirmed ☐ Provisional

34) Diagnosis/Condition:

SECTION E: TREATMENT PLAN

35) Recommended Treatment/Procedure:

Proposed Admission Date: _____ Proposed Discharge Date _____

Expected Length of Stay _____ Days

36) Is Surgery Required?: ☐ Yes ☐ No

37) If Yes, specify procedure:

SECTION F: ESTIMATED EXPENSES

Expense Head	Details
Kennel Charges	Rs
ICU/Critical Care (if applicable)	Rs
Consultation Charges	Rs
Diagnostics/Lab Tests	Rs
Imaging (X-Ray/USG/CT/MRI)	Rs
Medicines	Rs
Surgery Charges (if applicable)	Rs
Anaesthesia (if applicable)	Rs
Others	Rs
Total Estimated Cost	**Rs**

SECTION G: PRE-EXISTING CONDITION DECLARATION

32) Has the pet previously suffered from the same or related condition?

☐ Yes ☐ No

If yes, provide details with Date & Year of onset: _____

33) Is this condition congenital, hereditary, chronic, or recurring?

☐ Yes ☐ No ☐ Not Known

Details: _____

34) Has the pet received treatment for this condition before?

☐ Yes ☐ No

If yes, provide treatment dates and details: _____

Pet Owner's Declaration

☐ I, the undersigned pet owner, hereby declare that the pet presented for examination, treatment, hospitalization, claim, or insurance purposes is the same pet insured under the policy/proposal details provided. I confirm that the information furnished regarding the pet's identity, including name, breed, age, gender, colour, markings, microchip number, and other distinguishing characteristics, is true and accurate to the best of my knowledge.

I understand that any misrepresentation, substitution of the insured pet, or provision of false information may result in rejection of the claim and/or cancellation of the insurance policy.

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Owner's Name: _____

Date: ____ /____ /_____

Place:_____

Policy Number: _____

Pet Name: _____

_____
* Signature of Policyholder / Pet Parent

SECTION I: VETERINARIAN DECLARATION

☐ I, hereby certify that:

1. The information provided herein is true and complete to the best of my knowledge.
2. The diagnosis and treatment plan are based on clinical examination and available medical records.
3. The proposed treatment is medically necessary for the above-mentioned pet.

Veterinarian Name: _____

Registration Number: _____

Date: ____ /____ /_____

Place:_____

_____
Veterinarian Signature

SECTION J: POLICYHOLDER CONSENT

☐ I authorize the veterinary hospital, insurer and/or TPA to exchange medical and policy-related information pertaining to my pet for the purpose of claim assessment, cashless approval, medical review, audit, fraud control, and claim settlement.

- I understand that:
- Pre-authorisation is not a guarantee of payment.
- Final claim settlement shall be subject to policy terms, conditions, limits, exclusions, waiting periods, and underwriting provisions.
- Any non-payable expenses shall be borne by me.

Policyholder Name: _____

Date: ____ /____ /_____

Place:_____

_____

* Signature of Policyholder / Pet Parent

You can update the same through

Bajaj General App: http://onelink.to/v9zp7c,

WhatsApp Service (Say 'Hi' on WhatsApp- +91 75072 45858),

Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758,

Email- careforyou@bajajgeneral.com

website- https://www.bajajgeneralinsurance.com/general-insurance.html

contact your agent or nearest branch.

SECTION H: SUPPORTING DOCUMENTS

Copy of Insurance Policy/Card	☐
Pet Identification Proof	☐
Vaccination Records	☐
Clinical Notes	☐
Diagnostic Reports	☐
X-Ray/Ultrasound Reports	☐
Previous Treatment Records	☐
Cost Estimate	☐
Pet Photographs before and after treatment	☐
Microchip Verification	☐
Pet Parents KYC documents (Address & photo identity proof of officially valid documents)	☐