

Property Damage/Loss Claim Form

Please complete this form fully and return it to Allianz as soon as possible. Please note that the issue of this form is not an admission of liability on the part of the Company and that all claims are subject to Policy terms and conditions.

Claim No.

- Note:
- (i) This form is issued without prejudice to the rights or liabilities of the Company.
 - (ii) Your claim will be considered in accordance with the scope of cover granted by your policy.

Policyholder

Name and Address of Policyholder:

Policy Number:

Telephone Number:

Times Available

Home a.m. p.m.

Business a.m. p.m.

Mobile a.m. p.m.

E-mail Address:

Are you registered for VAT: Yes No If YES, state registered number:

The Event

Date and time of Damage/Loss: / / am/pm

Address where Damage/Loss occurred:

State fully the cause of the Damage/Loss:

Buildings

Are you the owner? Yes No Give details of any other party having an interest in the property (Building Society, etc.)

If building was unoccupied during term of insurance state period during which it was unoccupied:

Is your premises alarmed? Yes No

Are there any other insurances on the buildings? Yes No

If 'YES' give details:

Contents

Are you the sole owner of the articles? Yes No

If 'NO', give name and address of other owner:

Are there any other insurances on the articles?

Yes No

If 'YES' give details:

Previous Damage/Loss

Have you ever sustained Damage/Loss of this nature previously?

Yes No

If 'YES' give details:

Particulars of Damage/Loss

Please retain damaged property

State where damaged property may be inspected:

Note:

- (i) Please complete all relevant columns.
- (ii) Receipts, Estimates or other documentary evidence will be required to prove damage/loss and should be attached in support of your claim.
- (iii) The Insured is not entitled to abandon salvage to the Company.

Description of property damage/loss	Date of Purchase	Original Cost	Present Day	Deduction for	Amount
		Price	Cost of	Wear, Tear or	Claimed
		€	€	€	€
Total					

Certification for completion by An Garda Siochana (To be completed for theft or loss only)

Address _____

Date _____ / _____ / _____

Division _____ District _____

This is to certify that (name) _____

of (address) _____

reported to this station on the undernoted date the loss/larceny of property as itemised, valued as estimated above.

Date reported _____ / _____ / _____

The interest of Allianz p.l.c. has been noted.



Signed: **X** _____ (Garda)

Data Protection Acts - collection and use of personal information

The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly.

USES. Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

DISCLOSURE. We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.

SENSITIVE DATA. We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to administer your claim. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

RETENTION. Under the Consumer Protection Code we are obliged to retain your records for 6 years from the date your claim is settled. In certain circumstances we will retain your information for longer periods if this is required under specific insurance legislation.

CONSENT. By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

CALL RECORDING. Calls may be recorded or monitored for regulatory, training and quality purposes.

I/We declare that the foregoing statements are true to the best of my/our knowledge and belief, that the articles and property described on the above Schedule were damaged/lost under the circumstances described and that such articles and property belong to the persons named, no other person having any interest therein.

Signature of Policyholder: X _____

Date: X ____/____/____

Please return completed form to:

Allianz p.l.c., Allianz House, Elmpark, Merrion Road, Dublin 4.

Telephone: 1890 77 99 99 Fax: (01) 613 4444 Email: info@allianz.ie Website: www.allianz.ie

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