

Claim Form For Third Party Liability

1 About You – to be completed by policyholder(s)

Policyholders' Name Mr/Mrs/Ms _____

Address: _____

 _____ County: _____

Telephone: _____ Occupation: _____

Your Policy number: _____

2 About Your Animal – to be completed by policyholder(s)

Your animal's pet name/
 registered name _____

Pedigree name (if applicable) _____

Animal Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Horse Sex Stallion/Colt Mare/Filly Gelding
 Date of Birth ____/____/____ Colour _____

How long have you owned the animal? _____

How long has the animal been in your property? _____

3 Details of Household Contents Insurance

Name of Insurance Company _____

Address of Insurance Company _____

Telephone Number _____

Your Contents Insurance Policy Number _____

4 Details of the Incident

Date of incident ____/____/____ Time _____ Place _____

Please explain how the incident happened and who or what you think was responsible (use an extra sheet of paper if needed)

Was the insured animal injured or killed? Injured Killed

If a dog, was the animal on a lead at the time of the incident? Yes No

If Yes, what type of lead was being used? _____

Describe the animal's usual nature

Has the animal ever reacted or behaved in this way? If Yes, please provide details.

Who was in charge of the animal, at the time of the incident? Details not required if this was the policyholder

Name Mr/Mrs/Ms _____

Address _____

Telephone Number _____

Why was this person in charge of the animal at the time? _____

FOR SECTIONS 5 - 8 PLEASE COMPLETE THE SECTION THAT IS RELEVANT TO THE INCIDENT THAT TOOK PLACE.

5 Fight Injuries

Name of the other animal's owner Mr/Mrs/Ms _____

Address _____

Telephone Number _____ Other animal's name _____
Other animal's breed _____ Other animal's age _____
Did the animals know each other before the incident? Yes No
If Yes, please state for how long _____

If a dog, was the other animal on a lead at the time of the incident? Yes No
Have there been any previous incidents of aggression between them? Yes No
If "Yes" please give details _____

How does your animal normally react to this sort of animal?

6 Personal Injuries

Name of injured person Mr/Mrs/Ms _____

Address _____

Date of birth _____ / _____ / _____
Occupation of injured person _____
Employers name (if known) _____
Employers Address _____

Describe the nature and extent of injuries (continue on a separate sheet if necessary)

Was the injured person treated by a Doctor, Paramedics or First Aider at the scene of the incident?

If the injured person was taken to hospital, state the following details
Name of hospital _____
Address of hospital _____

How much contact had the injured person had with your animal prior to the incident?

7 Motor Vehicle Damage

Name of vehicle owner Mr/Mrs/Ms _____

Address _____

Name of vehicle driver Mr/Mrs/Ms _____

Address _____

Make and model of vehicle _____
Registration number _____
Name of Insurance company of damaged vehicle _____
Address of Insurance Company _____

Telephone number _____
Insurance Policy Number _____
Describe the damage to the vehicle (use extra sheets of paper if needed)

What were the road/weather conditions at the time of the incident?

How good was visibility?

What speed limit applies to the road where the incident happened?

How wide was the stretch of road?

8 Property Damage
Please retain damaged items for inspection

Name of Property Owner Mr/Mrs/Ms _____

Address _____

Telephone number _____
Please describe the property and the damaged caused to it.

What is the age of the damaged property?

What is the value of the damaged property? € _____

Name of Insurance Company _____
Address of Insurance Company _____

Telephone number _____
Policy number _____

Please sign overleaf



9 Witnesses Details

Name of Witness 1 Mr/Mrs/Ms _____

 Address _____

 Telephone number _____ Occupation _____

Name of Witness 2 Mr/Mrs/Ms _____

 Address _____

 Telephone number _____ Occupation _____

10 Gardai/Police

Were the police involved or have they been told about the incident? Yes No If Yes, please give the following details

Police station Address _____

 Police officers name _____
 Police officers number _____
 Police Reference _____

11 Claims History

Have you received any claim in writing about the incident? Yes No If Yes, please attach all documents.

You must not reply to any of these claims
 Please give details of all your previous Third Party Liability Claims

12 Declaration

I/We declare that the information given on this claim form is true and complete, to the best of my / our knowledge and belief.

Signature of Policyholder ~~X~~ _____ Date ~~X~~ ____/____/____

Signature of Joint Policyholder ~~X~~ _____ Date ~~X~~ ____/____/____

Please ensure that relevant sections are fully completed to enable us to process your claim without unnecessary delay.

Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.
This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff.
Telephone: 1850 48 48 48 Fax: 01-660 9453