

## Claim Form For Boarding Kennels Fees

1. About You - to be cor	mple	etec	d b	у ро	licy	holo	ler(s	)																					
Policy holder's name:																													_
																		1											_
Address:									1																				_
																													_
Email address:																	<u> </u>												لـ
Telephone number:											1						<u> </u>												لـ
Policy number:	DN	PET																											
2. About Your Pet																													_
Your pet's name																													
Pedigree name (if applicable)																													
Pet Insured	Doc	п 🗆		Cat		Pe	et Sex	<	М		F			Age	_				Bree	ed	_								
Amount claimed	€																												
2. To be Completed by I	ا دا	. ماد د	اء ا ء	/-	C		l Dua						ا بد با	DL	:	_:_	- /0												_
3. To be Completed by F		-			Gei	era	, '	ıctıt	.1011	ei oi	, '	) Spi	ıuı	11	ysi	ciu	11/3	urg	jeoi	1	1			1	1				
Policyholder's name	1411/	Mrs/	1115								_						_												_
Name of C.D. / Dhysisian /Cur	~~~										_		_				_		_	_									_
Name of G.P. / Physician/Surg	geon	1											_							_									
A el el ne ee.		-							_		_			_			_		_	_									_
Address:			_										_							_									
Country			_																										_
County:			+																										
Telephone Number:																													
Name and address of																													<u>ا</u> ــ
admitting hospital	_				. / .			<u> </u>	٠.		<u> </u>				_			. / .			. / .			<u>.                                    </u>	<u></u>				۷
Date of Hospitalisation:	Froi				<b></b> / ו				. / .			<u> </u>		To .	ı			ا / لـ			ا / لـ								
Date of the first visit to any do									J / L			/ L																	
I confirm that to the best of m												ete in	eve	ery r	esp	ect.													
Signature(s) of G.P./Hospital	Phys	iciar	1/SU	ırgeo	n (pl	ease	dele	te as	app	olicak	ole)																		
Signature		X	_													D	ate	Х			_ /			/					┙
																													_
4. To be Completed by t	he E	3oa	rdi	ng k	(enr	nel F	rop	riet	or/l	Hom	ne C	Care	er (	ple	ase	e at	tac	h re	cei	pt)									
Name of Proprietor/Home Ca	rer M	1r/Mı	rs/N	1s																									
Address of Boarding Kennel/H	Home	e Cai	rer								1																		
							1		1		1								1										
County																													
Telephone Number																													
Date of boarding/Homecare		F	ror	n	ı	ı	1/1	1	1.	/ <sub>1</sub>	1	ī	ı	1		Т	0		ı	ı	1/	ı	1	1/	ı	1		ī	ı
Boarding fees per day	€ _						, _										otal	fees											_
I confirm that to the best of m	y kno	owle	dae	e the :	state	men	ts are	true	e and	d con	nple	ete in	eve	ery r	esp														
Signature(s) of Boarding Ken																													
., J				,									,																
Signature		X														Г	ate	X	l	ı	1/	ı	ī	1/	ı	1	1	ī	1

**FRAUD WARNING** any person who knowingly and with intent attempts to defraud any insurance company or files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any material fact thereto, is committing a fraudulent insurance act. This is a crime and subjects such a person to criminal and civil penalties. If any person makes a fraudulent claim or a fraudulently exaggerated claim, then the claim shall not be paid, the insurance may be declared void, the premium shall not be returned and any sums already paid on foot of the claim shall be repayable to the insurer. We reserve the right to notify the relevant authorities where these circumstances arise.

5. Declaration																													
/we declare that the above particulars are true and complete in every respect and the loss is not covered by any other insurance.																													
Signature of Policyholder	x												Date <b>X</b> /																
Signature of Joint Policyhol	der <b>X</b>													_ Date <b>X</b> /															
6. Payee details – to be	e com	plet	ted by	y pc	olicy	hol	der	(s)																					
Please select one of the opt	ions be	low:																											
Option 1: Pay me the policy holder													L																
If you pay your Pet Policy by direct debit we will pay your settlement directly into this account.																													
If you do not pay by direct debit and would like your settlement to be paid directly into your account, please provide the information in the Bank Details section below. Otherwise we will send your settlement by cheque.																													
IBAN Code:							1			L																			
Account holder's name:																									_				
Bank branch address:																											_		
Option 2: Pay the vet direct	tly $\square$ Pi	racti	ce Nar																										

If you have supplied us with bank details we will pay the settlement into this account. Otherwise we will pay the settlement via cheque. If you wish to set up electronic fund transfer with us please phone the pet claims department on 01 613 3996.

## Please return completed form to:

Allianz p.l.c.,
Pet Insurance Claims,
P.O. Box 48 48,
Freepost,
Dublin 4

Telephone: (01) 613 3990 Email: petplanclaims@allianz.ie

Website: www.allianz.ie

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