

Claim Form For Death

1. About You - to be completed by policyholder(s)

Policy holder's name: _____

 Address: _____

 Email address: _____
 Telephone number: _____
 Policy number: DN PET _____

2. About Your Pet

Your pet's name _____
 Pedigree name (if applicable) _____
 Pet Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Date and where purchased _____
 Seller name Mr/Mrs/Ms _____
 Address: _____
 _____ County: _____
 Amount claimed € _____ Original purchase price € _____

3. Death from Illness or Disease (if applicable)

Date of commencement of illness ____/____/____ Date of death ____/____/____
 Cause of death _____

4. Death from Accident (if applicable)

Date of accident ____/____/____ Date of death ____/____/____
 Cause of death _____

 Full circumstances of accident _____

5. Supporting Documentation and Declaration

The following documents are required in support of a claim. If you are unable to send all documents please offer an explanation on a separate sheet of paper.

If supporting documentation is not received the payment may be delayed. Please tick the relevant boxes.

- 1. Proof of purchase (such as a receipt).
- 2. Pedigree certificate and Kennel Club registration
- 3. Certificate signed by Veterinary Surgeon stating the date and cause of death (not required if supported by a Claim for Veterinary fees).
- 4. Statement supporting your claim from someone – not a family member – confirming the date and cause of death (if applicable).

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.

6. Declaration

I/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 _____ Date ____ / ____ / _____

Signature of Joint Policyholder _____ Date ____ / ____ / _____

7. Payee details – to be completed by policy holder(s)

Please select one of the options below:

Option 1: Pay me the policy holder

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: _____
Account holder's name: _____
Bank branch address: _____

Option 2: Pay the vet directly Practice Name: _____

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