

# Claim Form For Loss By Theft Or Straying

## 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 Animal

Pet's name \_\_\_\_\_  
 \_\_\_\_\_  
 Pedigree name (if applicable) \_\_\_\_\_  
 Animal Insured Dog  Cat  Sex: M  F  Age \_\_\_\_\_ Breed \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Colour \_\_\_\_\_  
 Date and where purchased \_\_\_\_\_  
 Original purchase price € \_\_\_\_\_

## 3. Circumstances

1. When did you first notice the Animal was missing Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
 Place \_\_\_\_\_

(A claim cannot be submitted in respect of dogs and cats until 30 days have elapsed)

2. Where and when was the animal last seen? Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
 Place \_\_\_\_\_

3. If the animal has been recovered, please state Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
 Place \_\_\_\_\_

4. Please advise circumstances of loss (use separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please provide the following information in respect of the Garda/Veterinary Surgery to whom the loss was reported.

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 County: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Garda report No: (if applicable) \_\_\_\_\_

6. Have you made enquiries or advertised for information, if so please give full details and attach receipts. Yes  No   
 Please state cost of advertising € \_\_\_\_\_

7. Have you paid a reward? Yes  No   
 (agree in advance with Allianz p.l.c.)  
 Please state amount of reward € \_\_\_\_\_

#### 4. Garda/Veterinary Practice

**Please ensure this section is completed and stamped**

Date reported     /  /

Garda report No: (if applicable) \_\_\_\_\_

I confirm that the loss of the above Animal has been reported

Signature of vet or reporting officer

X \_\_\_\_\_

Date X  /  /

Garda/Practice stamp (if applicable)

Date X  /  /

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#### 5. Supporting Documentation

**The following documents are required in support of a claim. If supporting documentation is not received, the payment may be delayed.**

If unable to send all documents, please offer an explanation on a separate sheet of paper.

Please tick relevant box to indicate document attached (copies are sufficient).

- 1. Purchase receipt
- 2. Pedigree certificate and Kennel Club registration (for dog)
- 3. Receipts to support advertising expenses (if applicable)
- 4. Name, address and telephone number of the recipient of the reward (if applicable)
- 5. Written confirmation of loss by the garda (for dog) or by veterinary surgeon (for cat). If written confirmation cannot be provided an official Garda/Veterinary stamp and other information requested will be required in SECTION 4

**N.B. In cases where a missing animal is recovered subsequent to payment of a claim, the claimant agrees to reimburse Allianz p.l.c. the full amount received in respect of their claim.**

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**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

X \_\_\_\_\_

Date X  /  /

Signature of Joint Policyholder

X \_\_\_\_\_

Date X  /  /

## 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](mailto:petplanclaims@allianz.ie)  
Website: [www.allianz.ie](http://www.allianz.ie)

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