

Claim Form For Boarding Kennels Fees

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

Policy holder's name: _____

Address: _____

Email address: _____

Telephone number: _____

Policy number: _____

2. About Your Pet

Your pet's name _____

Pedigree name (if applicable) _____

Pet Insured Dog Cat Pet Sex M F Age _____ Breed _____

Amount claimed € _____

3. To be Completed by Policyholder's General Practitioner or Hospital Physician/Surgeon

Policyholders' name Mr/Mrs/Ms _____

Name of G.P. / Physician/Surgeon _____

Address: _____

County: _____

Telephone Number: _____

Name and address of admitting hospital _____

Date of Hospitalisation: From ____/____/____ To ____/____/____

Medical condition requiring hospital treatment _____

Date of the first visit to any doctor for this condition ____/____/____

I confirm that to the best of my knowledge the statements are true and complete in every respect.

Signature(s) of G.P./Hospital Physician/Surgeon (please delete as applicable)

Signature ~~X~~ _____ Date ~~X~~ ____/____/____

4. To be Completed by the Boarding Kennel Proprietor/Home Carer (please attach receipt)

Name of Proprietor/Home Carer Mr/Mrs/Ms _____

Address of Boarding Kennel/Home Carer _____

County _____

Telephone Number _____

Date of /boarding/Homecare From ____/____/____ To ____/____/____

Boarding fees per day € _____ Total fees € _____

I confirm that to best of my knowledge the statements are true and complete in every respect.

Signature(s) of Boarding Kennel Proprietor/Home Carer (please delete as applicable)

Signature ~~X~~ _____ Date ~~X~~ ____/____/____

Data Protection – How we use your information

YOUR CONSENT By providing your information, you consent(ed) to the use of your information as outlined below. This includes specific / explicit consent for sensitive information such as medical or conviction details.

USE & DISCLOSURE Allianz and your insurance intermediary (where applicable) will use your personal information, including sensitive data, for insurance administration purposes such as providing a quotation, underwriting a policy and handling a claim. We may use and share your personal data to check information provided, and to prevent fraud. These checks may be carried out at any stage, including quotation, mid-term, renewal and claims stage.

We may share your details with or seek information from a number of external parties such as:

- your Intermediary & anyone authorised by you to act on your behalf,
- other insurance companies,
- publicly available information,
- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie),
- the Integrated Information Data System ('IIDS') to verify information including penalty points and No Claims Discount (NCD),
- Loss Adjusters, repairers and other claims handling agents, medical practitioners,
- the Motor Insurers' Bureau of Ireland (MIBI),
- Private Investigators when we need to further investigate certain claims,
- Vehicle history check suppliers/ databases,
- other fraud prevention and ID verification databases available in the insurance industry.

We may also use and share your information for customer satisfaction surveys, statistical analysis and similar purposes.

Personal data may be transferred outside the European Economic Area (EEA) for payment card administration, subject to and in accordance with Data Protection Laws and using appropriate security measures.

REPRESENTATION If you provide information about someone else, such as an additional insured, you must have obtained this person's consent and have made them aware of the terms of this insurance. For motor insurance, you must also have obtained the additional insured's consent to allow us to verify their information via the IIDS.

UP-TO-DATE INFORMATION In order for us to keep your information up to date, please contact Allianz or your insurance intermediary if any of your details change.

ACCESS You have the right to request a copy of your personal data held by Allianz and your insurance intermediary (where applicable). This will be subject to payment of an appropriate fee.

RETENTION We will retain your personal information in line with our Record Management Policy.

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

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

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 ____/____/____

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

Pay me the policy holder via cheque

Pay me the policy holder via electronic fund transfer

Please only complete the section below if you have selected payment by electronic fund transfer and your bank details are not already on file

IBAN Code:

Account holder's name:

Bank branch address:

Please return completed form to:

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

Telephone: (01) 613 3990
Fax: (01) 613 4486
Email: petplanclaims@allianz.ie
Website: www.allianz.ie

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

