

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).

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.

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 ____/____/____

