

# 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 \_\_\_\_\_  
 Horse  Stallion/Colt  Mare/Filly  Gelding   
 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, loss of a horse requires immediate notification)  
 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)

## 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  /  /

#### 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
6. Freezemark/branding documentation/passport (for horse)

**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.**

#### 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](http://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.

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## 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  \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 7. 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](mailto:petplanclaims@allianz.ie)

Website: [www.allianz.ie](http://www.allianz.ie)

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

