

Pre-Authorisation of possible claim

Once we receive this form we will tell you as soon as possible whether the proposed treatment is covered by the terms and conditions of the policy. Once confirmed, simply send us the invoice quoting the claim number when the treatment is complete.

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1 About You – to be completed by policyholder

Policy number:

Policyholders' name

Policyholders' address:

Daytime telephone no:

Email address:

2 About Your Pet / Horse – to be completed by policyholder

Your pet's / horse name

Pedigree name (if applicable)

Is your pet a Dog Cat Horse

Breed

Pet's / horse's date of birth / / Male Female

Date you first owned your pet / horse / /

Is your pet / horse insured with any other company? Yes No

If Yes, please state which company

3 About the Illness or Injury – to be completed by policyholder

What condition is the treatment for?

Please give us the details of ALL the veterinary practices your pet / horse has been registered with. (If there is not enough space please use separate piece of paper).

Name:

Address:

Telephone no.:

Date: from / / to / /

4 General Information – to be completed by policyholder

Who should we pay? Policyholder Veterinary Practice

You are responsible for any vet fees that exceed your Vet Fee Benefits for the policy year. Please ensure you have sufficient information from your vet to answer the following questions.

What are the total estimated costs for the detailed treatment breakdown quoted to you and agreed by you with your vet?

Has your vet informed you of any further treatment that may be required for this condition? Yes No

If 'Yes' have you received an estimate of costs for this treatment? Yes No

5 Signatures – to be completed by policyholder

If the policy is in joint names both policyholders must sign

Signature **X** _____

Date **X** ____/____/____

Signature **X** _____

Date **X** ____/____/____

Are you happy for Petplan to provide the veterinary practice(s) identified on this form with information about your policy in respect of this Pre-Authorisation request? Yes No

I confirm that I have checked the information on this Pre-Authorisation form and that it is all correct to the best of my knowledge.

ANY QUESTIONS THAT ARE NOT ANSWERED FULLY COULD DELAY REPLY

This Section Must Be Completed by the Vet

6 About the Illness or Injury – to be completed by the Vet

When was this pet / horse first registered at your practice? Date ____/____/____

Name of the illness / injury or the clinical signs if no diagnosis has been made

To your knowledge has the pet been seen before for:

This illness or injury Yes No

Any similar or related illness or injury Yes No

Any similar or related clinical signs Yes No

If YES please provide history with dates

Date: ____/____/____

Date: ____/____/____

7 General Information – to be completed by the Vet

Please provide the details of the primary veterinary practice

Name _____

Address _____

Postcode _____

Telephone no _____

Email _____

Will the treatment be carried out at the primary veterinary practice? Yes No

If No, please provide name and address of the practice where the treatment will be carried out.

Name _____

Address _____

Telephone no _____

Email _____

8 Attachments – to be completed by the Vet

You **must** enclose the following:

- Full clinical history from the primary and referral veterinary practices
- A description and detailed breakdown of the estimated treatment costs
- Referral letter, if you have one

**WITHOUT THIS INFORMATION
WE WILL NOT BE ABLE
TO PROCESS THIS
PRE-AUTHORISATION REQUEST**

9 Attachments – to be completed by the Vet

I have checked all the information on this form and as far as I know it is correct. The fees I have estimated are no higher than my normal fees.

Signature  _____

Date / / Time : am/pm

Practice stamp

PLEASE FAX BOTH SIDES OF THE CLAIM FORM AND ATTACHMENTS TO THE CLAIM TEAM ON 01-6609453

Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data *for the performance of the contract or to take steps prior to entering into the contract of insurance*. The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud,
 - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
 - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
 - private investigators when we need to further investigate certain claims,
 - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
 - other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
 - An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
 - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
 - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

Automated decision making

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Direct Marketing

If your chosen preference is to receive marketing, we may contact you by email, SMS, phone or post with helpful information on products, services, special offers and competitions. If you no longer wish your information to be used for marketing purposes please write to us at Allianz Plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6 or e-mail us at info@allianz.ie

Allianz p.l.c.,
Allianz House,
Elmpark,
Merrion Road,
Dublin 4,
D04 Y6Y6.

Telephone: 1890 48 48 48 (calls may be recorded)
Fax: 01 660 9453
Email: info@allianz.ie
Website: www.allianz.ie

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