



Claim Form for Third Party Liability

1 About You – to be completed by policyholder(s)

Policyholders' Name Mr/Mrs/Ms _____
 Address: _____

 _____ County: _____
 Telephone: _____ Occupation: _____
 Your Policy number: _____

2 About Your Pet – to be completed by policyholder(s)

Your pet's name _____
 Pedigree name (if applicable) _____
 Animal Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Horse Sex Stallion/Colt Mare/Filly Gelding
 Date of Birth ____/____/____ Colour _____
 How long have you owned the pet? _____
 How long has the pet been in your property? _____

3 Details of Household Contents Insurance

Name of Insurance Company _____
 Address of Insurance Company _____
 _____ County: _____
 Telephone Number _____
 Your Contents Insurance Policy Number _____

4 Details of the Incident

Date of incident ____/____/____ Time _____ Place _____

Please explain how the incident happened and who or what you think was responsible (use an extra sheet of paper if needed)

Was the insured pet injured or killed? Injured Killed
 Was the animal on a lead at the time of the incident? Yes No
 If Yes, what type of lead was being used?

Describe the pet's usual nature

Has the pet ever reacted or behaved in this way? If Yes, please provide details.

Who was in charge of the pet, at the time of the incident? Details not required if this was the policyholder

Name Mr/Mrs/Ms _____
 Address _____
 _____ County: _____
 Telephone Number _____
 Why was this person in charge of the pet at the time?





FOR SECTIONS 5 - 8 PLEASE COMPLETE THE SECTION THAT IS RELEVANT TO THE INCIDENT THAT TOOK PLACE.

5 Fight Injuries

Name of the other animal's owner Mr/Mrs/Ms _____

 Address _____
 _____ County: _____
 Telephone Number _____ Other animal's name _____
 Other animal's breed _____ Other animal's age _____
 Did the animals know each other before the incident? Yes No
 If Yes, please state for how long _____

 Was the other animal on a lead at the time of the incident? Yes No
 Have there been any previous incidents of aggression between them? Yes No
 If "Yes" please give details _____

 How does your pet normally react to this sort of animal?

6 Personal Injuries

Name of injured person Mr/Mrs/Ms _____

 Address _____
 _____ County: _____
 Date of birth _____ / _____ / _____
 Occupation of injured person _____
 Employers name (if known) _____
 Employers Address _____
 _____ County: _____
 Describe the nature and extent of injuries (continue on a separate sheet if necessary)

Was the injured person treated by a Doctor, Paramedics or First Aider at the scene of the incident?

If the injured person was taken to hospital, state the following details
 Name of hospital _____
 Address of hospital _____
 _____ County: _____
 How much contact had the injured person had with your pet prior to the incident?

7 Motor Vehicle Damage

Name of vehicle owner Mr/Mrs/Ms _____

 Address _____
 _____ County _____





Name of vehicle driver Mr/Mrs/Ms _____

 Address _____
 _____ County _____
 Make and model of vehicle _____
 Registration number _____
 Name of Insurance company of damaged vehicle _____
 Address of Insurance Company _____
 _____ County _____
 Telephone number _____
 Insurance Policy Number _____
 Describe the damage to the vehicle (use extra sheets of paper if needed)

What were the road/weather conditions at the time of the incident?

 How good was visibility?

 What speed limit applies to the road where the incident happened?

 How wide was the stretch of road?

8 Property Damage
Please retain damaged items for inspection

Name of Property Owner Mr/Mrs/Ms _____

 Address _____
 _____ County _____
 Telephone number _____
 Please describe the property and the damaged caused to it.

What is the age of the damaged property?

 What is the value of the damaged property? € _____
 Name of Insurance Company _____
 Address of Insurance Company _____

 Telephone number _____
 Policy number _____

Please sign overleaf 





9 Witnesses Details

Name of Witness 1 Mr/Mrs/Ms _____

 Address _____

 _____ County _____
 Telephone number _____ Occupation _____

Name of Witness 2 Mr/Mrs/Ms _____

 Address _____

 _____ County _____
 Telephone number _____ Occupation _____

10 Gardai/Police

Were the police involved or have they been told about the incident? Yes No If Yes, please give the following details

Police station Address _____

 Police officers name _____
 Police officers number _____
 Police Reference _____

11 Claims History

Have you received any claim in writing about the incident? Yes No If Yes, please attach all documents.

You must not reply to any of these claims

Please give details of all your previous Third Party Liability Claims

12 Declaration

I/We declare that the information given on this claim form is true and complete, to the best of my / our knowledge and belief.

Signature of Policyholder ~~X~~ _____ Date ~~X~~ ____/____/____

Signature of Joint Policyholder ~~X~~ _____ Date ~~X~~ ____/____/____

Please ensure that relevant sections are fully completed to enable us to process your claim without unnecessary delay.

Please return to: Allianz, Direct Division, Pet Insurance Claims Department, FREEPOST, P.O. Box 48 48, Dublin 4.
 This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff.
 Telephone: 1850 48 48 48 Fax: 01-668 3336





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

Please return completed form to:

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

Telephone: (01) 1890 779999

Fax: (01) 613 4444

Email: info@allianz.ie

Website: www.allianz.ie

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