

Claim Form For Veterinary Fees

BEFORE COMPLETING THIS FORM, PLEASE SEE POINTS TO NOTE BELOW. **PLEASE USE BLOCK CAPITALS**

Points to Note

- Fill in a separate claim form for each condition being claimed.
- In the case of claims for referral vets please ensure that Allianz p.l.c. has received a claim form from the original treating vet.
- Do not sign this claim form until it has been fully completed (including all dates and treatment costs) by you and the vet, as your claim may be delayed if we do not have this information.
- If we decide that we cannot pay some or all of your claim, you will have to pay your vet for any treatment we have not paid.

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 - to be completed by policyholder(s)

Your pet's name: Male Female

Breed: Dog Cat

Pedigree Name:

When did you take ownership of your pet? Date: / /

If your pet has been seen at more than one veterinary practice, please provide details here.

A. Name
Address

B. Name
Address

Name of the illness or injury you are claiming for (in your own words). If your pet has been injured, please use a separate sheet to tell us how it happened.

What date did you first notice any signs of this problem? Date: / /

3. About the illness or injury – to be completed by the treating vet

Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis:

Has your practice sent us a claim for this illness or injury before? Yes go to section 4 No or don't know Referred

When was this pet first registered with your practice? Date: / /

When did this illness or injury first begin (as noted by you, by the client or on the pet's record)? Date: / /

Was any part of this claim for dental treatment? Yes No

If yes, please send in the pets clinical notes for the last two years.

Did you make any house visits in connection with the treatment being claimed for? Yes No

Why were the house visits necessary?

If the pet was referred to you, please give the name and address of the referring practice.

4. Treatment Fees – to be completed by the treating vet

First and last date of treatment being claimed for?

First: / /
Last: / /

Fees we normally pay for:



If the total fees are less than €200, please complete this section. If the total fees are greater than €200 you need to attach an invoice listing dates, treatment and medication for each illness or injury.

Consultations	€	<input type="text"/>
Hospitalisation	€	<input type="text"/>
X-Rays	€	<input type="text"/>
Tests and pathologies	€	<input type="text"/>
General anaesthetic	€	<input type="text"/>
Surgery	€	<input type="text"/>
Medication	€	<input type="text"/>
Other (please give details)	€	<input type="text"/>
Total fees	€	<input type="text"/>
VAT	€	<input type="text"/>

5. Vet Declaration – to be completed by the treating vet

If claiming for illness, or if this is the first time claiming for this condition, please include a Full Clinical History from the first date the pet was registered with your practice.

I have checked the information on this claim form and as far as I know it is correct.

The fees I have charged are no higher than my normal fees.

Practice stamp

Vet Signature

Date

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.

For Allianz Direct Customers Only

Direct Marketing

If you have not opted out, we will keep you informed by post, telephone (including mobile), e-mail, SMS or other means about our products and services. We may also share your details with the Allianz Group for marketing purposes. Your information may also be used for these purposes after your policy has lapsed. 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.

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. Policyholder Declaration – to be completed by policy holder(s)

By signing this form I authorise the veterinary practice to provide Allianz p.l.c with all information relating to my pet, I also confirm that I have checked the information given on this form and that this is correct to the best of my knowledge.

Signature of Policyholder _____ Date / /

Signature of Joint policyholder _____ Date / /

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

Please select one of the options below:

Option 1: Pay me the policy holder

If you pay your Pet Policy by direct debit we will pay your settlement directly into this account.

If you do not pay by direct debit and would like your settlement to be paid directly into your account, please provide the information in the Bank Details section below. Otherwise we will send your settlement by cheque.

IBAN Code:

Account holder's name:

Bank branch address:

Option 2: Pay the vet directly Practice Name: _____

If you have supplied us with bank details we will pay the settlement into this account. Otherwise we will pay the settlement via cheque.

If you wish to set up electronic fund transfer with us please phone the pet claims department on 01 613 3996.

Please return completed form to:

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

This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff. Telephone: 01 613 3990 Fax: 01 6134486