

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 full 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: _____

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



Please return 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

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.

