

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 – 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.

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.

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)

Pay me the policy holder via cheque

Pay me the policy holder via electronic fund transfer

Pay the vet directly Practice Name: _____

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 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
Allianz p.l.c. is regulated by the Central Bank of Ireland. Registered in Ireland, No. 143108
Calls may be recorded or monitored for regulatory, training and quality purposes.

