

Claim Form For Boarding Kennels Fees

1. About You - to be completed by policyholder(s)

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

 County: _____
 Telephone Number: _____
 Policy Number: _____

2. About Your Pet

Your pet's name _____
 Pedigree name (if applicable) _____
 Pet Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Amount claimed € _____

Please note that we will not cover boarding fees for the first 3 days of your hospital stay

I claim the above amount being the cost including VAT of Boarding/Caring of the pet and acknowledge payment to the above named account holder in full and final settlement.

3. To be Completed by Policyholder's General Practitioner or Hospital Physician/Surgeon

Policyholders' name Mr/Mrs/Ms _____
 Name of G.P. / Physician/Surgeon _____
 Address: _____

 County: _____
 Telephone Number: _____
 Name and address of admitting hospital _____
 Date of Hospitalisation: From ____/____/____ To ____/____/____
 Medical condition requiring hospital treatment _____

Date of the first visit to any doctor for this condition ____/____/____

I confirm that to the best of my knowledge the statements are true and complete in every respect.

Signature(s) of G.P./Hospital Physician/Surgeon (please delete as applicable)

Signature ~~X~~ _____ Date ~~X~~ ____/____/____

4. To be Completed by the Boarding Kennel Proprietor/Home Carer (please attach receipt)

Name of Proprietor/Home Carer Mr/Mrs/Ms _____
 Address of Boarding Kennel/Home Carer _____

 County _____
 Telephone Number _____
 Date of /boarding/Homecare From ____/____/____ To ____/____/____
 Boarding fees per day € _____ Total fees € _____

I confirm that to best of my knowledge the statements are true and complete in every respect.

Signature(s) of Boarding Kennel Proprietor/Home Carer (please delete as applicable)

Signature ~~X~~ _____ Date ~~X~~ ____/____/____

Data Protection Acts – collection and use of personal information

The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly.

USES. Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

DISCLOSURE. We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.

SENSITIVE DATA. We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to administer your claim. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

RETENTION. Under the Consumer Protection Code we are obliged to retain your records for 6 years from the date your claim is settled. In certain circumstances we will retain your information for longer periods if this is required under specific insurance legislation.

CONSENT. By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

CALL RECORDING: Calls may be recorded or monitored for regulatory, training and quality purposes.

Signature of Policyholder _____ Date / /

Signature of Joint Policyholder _____ Date / /

Please return to: Allianz, Pet Insurance Claims, 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: 1890 48 48 48 Fax: 01-660 9453

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