

Claim Form For Death

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

Policyholders' Name Mr/Mrs/Ms _____

 Address: _____
 _____ County: _____
 Telephone: _____
 Policy number: _____

2 About Your Pet

Your pet's name _____
 Pedigree name (if applicable) _____
 Pet Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Date and where purchased _____
 Seller name Mr/Mrs/Ms _____
 Address: _____
 _____ County: _____
 Amount claimed € _____ Original purchase price € _____

3 Death from Illness or Disease (if applicable)

Date of commencement of illness ____/____/____ Date of death ____/____/____
 Cause of death _____

3 Death from Accident (if applicable)

Date of accident ____/____/____ Date of death ____/____/____
 Cause of death _____

Full circumstances of accident

4 Supporting Documentation and Declaration

The following documents are required in support of a claim. If you are unable to send all documents please offer an explanation on a separate sheet of paper.

If supporting documentation are not received the payment may be delayed. Please tick relevant box to indicate document attached.

- 1. Proof of purchase (such as a receipt)
- 2. Pedigree certificate and Kennel Club registration
- 3. Certificate signed by Veterinary Surgeon stating the date and cause of death (not required if supported by a Claim for Veterinary fees).
- 4. Statement supporting your claim from someone - **not family member** confirming date and cause of death (if applicable).

I warrant that the above statements are true and complete in every respect and declare that I have fulfilled the terms of the policy and that the loss is not covered by any other insurance.

Signature of Policyholder _____ Date ____/____/____

Signature of Joint Policyholder _____ Date ____/____/____

Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freeport, 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