

Claim Form For Holiday Cancellation

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 _____

3 To be Completed by Policyholder

In the case of a missing pet when did you first notice they were missing? Date _____/_____/_____
 Has the pet been recovered? Yes No If 'Yes' please state when Date _____/_____/_____
 Please advise circumstances of loss _____

 Holiday Dates From _____/_____/_____ To _____/_____/_____
 Date booked _____/_____/_____ Destination _____
 Reason for cancellation _____ Date cancelled _____/_____/_____

Unrecoverable expenses claimed
 _____ Amount claimed € _____
 _____ Amount claimed € _____
 _____ Amount claimed € _____
 _____ Amount claimed € _____

Documents required to support claim Booking invoice Cancellation invoice Receipt
 Tick if attached, if not attached please explain the non-availability on a separate sheet of paper.
 Amount claimed € _____

I claim the above amount being the cost of travel and accommodation expenses that I cannot recover due to the cancellation / curtailment of my holiday and acknowledge payment to the above named account holder in full and final settlement.

Signature of Policyholder ~~X~~ _____ Date ~~X~~ _____/_____/_____

Signature of Joint Policyholder ~~X~~ _____ Date ~~X~~ _____/_____/_____

4 To be Completed by the Veterinary Surgeon - in the case of surgery on your pet

Pet's Condition _____
 Date of onset _____/_____/_____ Was surgery carried out? Yes No
 If "Yes" what surgery was performed? _____

 Date of surgery _____/_____/_____
 Date client was advised surgery required _____/_____/_____
 Was it emergency life-saving surgery? Yes No

Practice stamp (if applicable)	Signature of Vet X _____ Date X _____/_____/_____
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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