

**Claim Form For Loss By Theft Or Straying**

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

Policyholders' name Mr/Mrs/Ms \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**2 About Your Animal**

Your animal's pet name/  
registered name \_\_\_\_\_  
Pedigree name (if applicable) \_\_\_\_\_  
Animal Insured Dog  Cat  Pet Sex M  F  Age \_\_\_\_\_ Breed \_\_\_\_\_  
Horse  Sex Stallion/Colt  Mare/Filly  Gelding   
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Colour \_\_\_\_\_  
Date and where purchased \_\_\_\_\_  
Original purchase price € \_\_\_\_\_

**3 Circumstances**

1. When did you first notice the Animal was missing Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
Place \_\_\_\_\_  
(A claim cannot be submitted in respect of dogs and cats until 30 days have elapsed, loss of a horse requires immediate notification)  
2. Where and when was the animal last seen? Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
Place \_\_\_\_\_  
3. If the animal has been recovered, please state Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
Place \_\_\_\_\_  
4. Please advise circumstances of loss (use separate sheet if necessary)

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**5. Please provide the following information in respect of the Garda/Veterinary Surgery to whom the loss was reported.**

Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Garda report No.: (if applicable) \_\_\_\_\_

**6. Have you made enquires or advertised for information, if so please give full details and attach receipts. Yes  No**   
Please state cost of advertising € \_\_\_\_\_

7. Have you paid a reward?  
(agree in advance with Allianz)

Yes  No

Please state amount of reward € \_\_\_\_\_

#### 4 Supporting Documentation and Declaration

**The following documents are required in support of a claim. If supporting documentation is not received, the payment may be delayed.**

IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS

Please tick if enclosed

Freezemark/branding documentation/passport

Purchase Receipt

If unable to send all documents, please offer an explanation on a separate sheet of paper.

Please tick relevant box to indicate document attached.

1. Purchase receipt
2. Pedigree certificate and Kennel Club registration
3. Receipts to support advertising expenses (if applicable)
4. Name, address and telephone number of the recipient of the reward (if applicable)
5. Written confirmation of loss by the garda (for dog) or by veterinary surgeon (for cat). If written confirmation cannot be provided an official Garda/Veterinary stamp and other information requested will be required in SECTION 5
6. Any other relevant documents

**N.B. In cases where a missing animal is recovered subsequent to payment of a claim, the claimant agrees to reimburse Allianz the full amount received in respect of their claim.**

I/we declare that the above particulars are true and complete in every respect and the loss is not covered by any other insurance.

Signature of Policyholder  \_\_\_\_\_ Date  \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Joint Policyholder  \_\_\_\_\_ Date  \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 5 Garda/Veterinary Practice

**Please ensure this section is completed and stamped**

Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Garda report No.: (if applicable) \_\_\_\_\_

I confirm that the loss of the above Animal has been reported

Signature of vet or reporting officer  \_\_\_\_\_ Date  \_\_\_\_/\_\_\_\_/\_\_\_\_

Garda/Practice stamp (if applicable)

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