

Claim Form For Third Party Liability

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

Policyholders' Name Mr/Mrs/Ms _____

Address: _____

 _____ County: _____

Telephone: _____ Occupation: _____

Your Policy number: _____

2 About Your Animal – to be completed by policyholder(s)

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 _____

How long have you owned the animal? _____

How long has the animal been in your property? _____

3 Details of Household Contents Insurance

Name of Insurance Company _____

Address of Insurance Company _____

Telephone Number _____

Your Contents Insurance Policy Number _____

4 Details of the Incident

Date of incident ____/____/____ Time _____ Place _____

Please explain how the incident happened and who or what you think was responsible (use an extra sheet of paper if needed)

Was the insured animal injured or killed? Injured Killed

If a dog, was the animal on a lead at the time of the incident? Yes No

If Yes, what type of lead was being used?

Describe the animal's usual nature _____

Has the animal ever reacted or behaved in this way? If Yes, please provide details.

Who was in charge of the animal, at the time of the incident? Details not required if this was the policyholder

Name Mr/Mrs/Ms _____

Address _____

Telephone Number _____

Why was this person in charge of the animal at the time?

FOR SECTIONS 5 - 8 PLEASE COMPLETE THE SECTION THAT IS RELEVANT TO THE INCIDENT THAT TOOK PLACE.

5 Fight Injuries

Name of the other animal's owner Mr/Mrs/Ms _____

Address _____

Telephone Number _____ Other animal's name _____
Other animal's breed _____ Other animal's age _____
Did the animals know each other before the incident? Yes No
If Yes, please state for how long _____

If a dog, was the other animal on a lead at the time of the incident? Yes No
Have there been any previous incidents of aggression between them? Yes No
If "Yes" please give details _____

How does your animal normally react to this sort of animal?

6 Personal Injuries

Name of injured person Mr/Mrs/Ms _____

Address _____

Date of birth _____ / _____ / _____
Occupation of injured person _____
Employers name (if known) _____
Employers Address _____

Describe the nature and extent of injuries (continue on a separate sheet if necessary)

Was the injured person treated by a Doctor, Paramedics or First Aider at the scene of the incident?

If the injured person was taken to hospital, state the following details
Name of hospital _____
Address of hospital _____

How much contact had the injured person had with your animal prior to the incident?

7 Motor Vehicle Damage

Name of vehicle owner Mr/Mrs/Ms _____

Address _____

Name of vehicle driver Mr/Mrs/Ms _____

Address _____

Make and model of vehicle _____
Registration number _____
Name of Insurance company of damaged vehicle _____
Address of Insurance Company _____

Telephone number _____
Insurance Policy Number _____
Describe the damage to the vehicle (use extra sheets of paper if needed)

What were the road/weather conditions at the time of the incident?

How good was visibility?

What speed limit applies to the road where the incident happened?

How wide was the stretch of road?

8 Property Damage
Please retain damaged items for inspection

Name of Property Owner Mr/Mrs/Ms _____

Address _____

Telephone number _____
Please describe the property and the damaged caused to it.

What is the age of the damaged property?

What is the value of the damaged property? € _____

Name of Insurance Company _____
Address of Insurance Company _____

Telephone number _____
Policy number _____

9 Witnesses Details

Name of Witness 1 Mr/Mrs/Ms [grid]
Address [grid]
Telephone number [grid] Occupation [grid]
Name of Witness 2 Mr/Mrs/Ms [grid]
Address [grid]
Telephone number [grid] Occupation [grid]

10 Gardai/Police

Were the police involved or have they been told about the incident? Yes [] No [] If Yes, please give the following details
Police station Address [grid]
Police officers name [grid]
Police officers number [grid]
Police Reference [grid]

11 Claims History

Have you received any claim in writing about the incident? Yes [] No [] If Yes, please attach all documents.
You must not reply to any of these claims
Please give details of all your previous Third Party Liability Claims

12 Declaration

I/We declare that the information given on this claim form is true and complete, to the best of my / our knowledge and belief.

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 X [grid] Date X [grid]
Signature of Joint Policyholder X [grid] Date X [grid]
Signature of Third Party (if applicable) X [grid] Date X [grid]

Please ensure that relevant sections are fully completed to enable us to process your claim without unnecessary delay.

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