

# YOUR PET INSURANCE POLICY



DIRECT

Allianz 

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## Introduction

We are very pleased to introduce **you** to **your** Allianz Pet Insurance **policy** and thank **you** for insuring **your pet** with **us**.

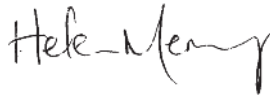
Please read the **policy** carefully to make sure that it provides the cover **you** need. If the details in the schedule are different to the details **you** have given **us** in **your** statement of fact/proposal form, then please contact **us** immediately and inform **us** of the changes which need to be made.

Please advise **us** immediately of any change which may affect the cover provided – for example using **your pet** for business purposes.

Please note that **you** are only eligible for this insurance if **you** are ordinarily resident in the Republic of Ireland.

This **policy** (which includes and shall be read as one document with the schedule, endorsements, statement of fact/proposal form and declaration), evidences a contract of insurance between the **insured** and Allianz.

We will, subject to the terms, conditions, limitations and exclusions of this **policy**, indemnify **you** against loss, damage or legal liability which occurs during any **period of insurance** for which **you** have paid or agree to pay the premium.



Helen Merry  
Chief Underwriting Officer

### The Law Applicable to the Contract

**You** and **we** may choose the law applicable to this contract. It is hereby agreed that this contract is governed by Irish Law unless **we** agree with **you** otherwise in writing. The Irish Courts will have jurisdiction to hear any dispute other than any dispute which must be referred to arbitration under the arbitration clause of this **policy**.

### Insurance Act 1936 (or future amendments thereto)

All monies which become or may become payable by the **company** under this **policy** shall in accordance with Section 93 of the Insurance Act 1936 be payable and paid in the Republic of Ireland.

### Finance Act 1990 (or future amendments thereto)

The appropriate stamp duty has been or shall be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999.

## Definitions

Any word or expression which is given a specific meaning in this policy will have the same meaning wherever it appears.

### The insured/you/your

The person(s) named on the schedule under the title **insured**.

### We/us/the company/our/Allianz

Allianz p.l.c.

### Your pet

Any dog or cat named on the schedule, belonging to **you**.

### Policy

The **policy** which must be read as one document with the schedule, endorsement, statement of fact/proposal form and declaration, evidences a contact of insurance between the **insured** and Allianz.

### Maximum amount payable

The most **we** will pay during the **period of insurance** as set out in the schedule and this **policy** document.

### Clinical signs

Changes in **your pet's** normal healthy state, its bodily functions or behaviour.

### Illness

Sickness, disease and/or any changes to **your pet's** normal healthy state, including mental and emotional disorders.

### Select Breeds

Beauceron  
Bernese Mountain Dog  
Bulldog  
Caucasian Shepherd Dog  
Deerhound  
Dogue de Bordeaux  
Estrela Mountain Dog  
Great Dane  
Greater Swiss Mountain Dog  
Irish Wolfhound  
Leonberger  
All Mastiff breeds  
Newfoundland  
Old English Sheepdog  
Pyrenean Mountain Dog  
Rottweiler  
Shar-pei  
St. Bernard

### Vet fees

The amount that **vets** usually charge in general or referral practices.

### Treatment

Any examination, consultation, advice, tests, diagnostic imaging, medication, surgery, nursing and care, which is needed to treat an **illness** or **injury**. The **treatment** must be provided by a veterinary practice, a certified clinical animal behaviourist or a member of one of the following organisations following a **vet's** instruction:

- The Association of Pet Behaviour Counsellors

## Definitions Continued

- The Canine and Feline Behaviour Association
- The Association of Chartered Physiotherapists in Animal Therapy
- The National Association of Veterinary Physiotherapists
- The International Association of Animal Therapists
- The Canine Hydrotherapy Association
- The Veterinary Homeopathic Association

or equivalent accrediting bodies in Ireland, subject to review and approval by Allianz.

### Clinical history

A chronological record (computer printout or photocopy) of the original clinical notes as made by the **vet** at the time of all consultations.

### Excess

The amount payable by **you** for each **illness** or **injury** that is treated during the **period of insurance** that is not related to any other **illness** or **injury** treated during the same **period of insurance**.

This also means that when the **treatment** dates of an **illness** or **injury** fall into two or more **periods of insurance** you pay an **excess** for each **period of insurance**.

**You** may also be required to pay a percentage amount of each and every **vet fees** claim depending on the age of **your pet**. The percentage is shown on **your** schedule if it applies.

### Injury

A physical **injury** or trauma caused immediately by an accident. This does not include any **injury** that happens over a period of time or one that is contributed to, in any way, by a previous disease in the body.

### Period of insurance

The period shown on **your** schedule and any subsequent period for which **we** accept a renewal premium.

### Vet

Registered veterinary surgeon.

## General Conditions

1. Throughout the **period of insurance** **you** must take care of **your pet**, arrange and pay for **your pet** to have a yearly health check and dental examination and any **treatment** normally recommended by a **vet** to prevent **illness** or **injury**.
3. If, when **you** claim, there is any other insurance under which **you** are entitled to payment, **we** will only pay **our** share of the claim.

**We** will not pay any claims resulting from failure to maintain **your pet's** health as recommended by **your vet**.

Such **treatments** may include neutering, descaling of teeth, worming, flea and tick **treatments**, blood tests and screening, nail clipping, dewclaw removal, grooming, routine emptying of anal glands, removal of anal glands and use of pheromones and prescription diets.

2. **You** must arrange for **your pet** to be kept vaccinated against the following:
  - Dogs:** Distemper, hepatitis, leptospirosis, parvovirus and kennel cough.
  - Cats:** Feline infectious enteritis, feline leukaemia and cat flu.
4. If **you** have any legal rights against another person in relation to **your** claim, **we** may take action against them in **your** name at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.
5. If any claim under this **policy** is in any respect fraudulent, or if any fraudulent means or devices (including inflation or exaggeration of the claim, or submission of forged or falsified documents) are used by **you** or anyone acting on **your** behalf to obtain any benefit under this **policy**, all benefit is forfeit.
6. **You** agree that any **vet** has **your** permission to release any information **we** ask for about **your pet**. If the **vet** makes a charge for this, **you** must pay the charge.
7. When **we** offer further periods of insurance, **we** may change the premium and/or conditions and/or add exclusions because of **your pet's** history.
8. **We** will not guarantee over the phone if **we** will cover a claim. For **your** claim to be assessed **you** must send us a claim form that has been

Please note: If **you** do not keep **your pet** vaccinated, **we** will not pay any claims that result from any **illness** it must be vaccinated against.

## General Conditions Continued

properly completed by both you and the treating **vet**. We will then contact **you** with **our** decision.

9. If **we** receive a request to issue the claim payment directly to a veterinary practice, **we** reserve the right to decline this request.
10. If the **vet fees you** are charged are higher than the fees usually charged by a general or referral practice, **we** reserve the right to request an independent opinion from a **vet** that **we** choose. If the **vet** we choose does not agree with the **vet fees** charged, we may decide to pay only the **vet fees** usually charged by a general or referral practice.
11. If **we** consider that the **treatment your pet** receives may not be required, or may be excessive when compared with the **treatment** that is normally recommended to treat the same **illness** or **injury** by general or referral practices, **we** reserve the right to request an independent opinion from a **vet** that **we** choose.

If the **vet** that **we** choose does not agree with the **treatment** provided, **we** may decide to pay only the cost of the **treatment** that was necessary to treat the **injury** or **illness**, as advised by the **vet** from whom **we** have requested the independent opinion.

12. If **you** or anyone acting on **your** behalf:

- Fails to disclose a material fact, which is information that is likely to influence our acceptance, assessment or pricing of **your policy**
- Fails to disclose a change in risk or circumstance
- Knowingly makes a false statement to **us**
- Knowingly sends **us** false or fraudulent documents
- Obtains cover by any misrepresentation or misdescription

**We** may:

- Declare **your policy** void from the inception date. In other words, **your policy** will be treated as if it never existed
- Invoke cancellation of **your policy**
- Cancel **your policy** from the date of the misrepresentation
- Withhold any return premium due to **you**
- Refuse to pay a claim
- Recover from **you** the total amount of any claim already paid under **your policy** including any recovery costs
- Change the standard premium of **your policy** which may result in a higher premium being charged
- Request payment of a higher premium or deduct this amount from any pending claim payment due to **you**

## General Conditions Continued

- Change the terms and conditions of **your policy**
- Change the level of cover of **your policy**
- Inform the appropriate law enforcement authorities of the circumstances

**We** reserve the right to make the above changes from the date **your policy** started, a subsequent renewal date or from the date a change in risk or circumstance occurred.

If **you** are in any doubt as to whether a fact is material or not, please disclose it.

13. **You** may cancel the **policy** at any time by contacting **us** in writing.

**We** may cancel the **policy** at any time by issuing a formal notice in writing to **you** at **your** last known address. If there has been no claim on the **policy** during the current **period of insurance** **we** will refund the premium for the unexpired **period of insurance** provided that this premium has been paid.

If **we** cancel the **policy** as a result of non payment of a premium, or partial payment of a premium, **we** will cancel the **policy** with effect from the date that the cover was paid up to.

14. If a dispute arising out of this **policy** cannot be settled between **you** and **us**, **you** may refer the dispute to the Financial Services and Pensions Ombudsman. Please refer to the section on Important Information in Relation to Your Allianz Policy for contact details.

If the Financial Services and Pensions Ombudsman is unable to investigate the dispute it shall be referred to an arbitrator or if necessary to two arbitrators, one to be appointed by each of the parties within one month after having been requested. The arbitrators shall appoint an umpire who shall sit with the arbitrators and in the case of disagreement the arbitrators shall submit to the decision of the umpire. The making of an award shall be a condition precedent to any right of action against **us**. Dispute(s) not referred to arbitration within 12 calendar months from the date on which the dispute(s) occurred will be deemed to have been abandoned.

15. **You** must comply with all terms, conditions and endorsements of the **policy**.
16. **We** reserve the right to deduct any outstanding premium from any claim payment **we** may make to **you**



## General Conditions Continued

or request that **you** first pay the premium in full before any settlement is made in respect of a claim.

17. If **you** are a qualified **vet surgeon**, **you** agree that any **treatment** to **your pet** must be given by another **vet**.

**We** reserve the right to decline any claim being made where **you** have been involved in the **treatment** of **your pet**.

### 18. Claims Procedure

1. Unless **you** are claiming for **vet's** fees, **you** must let **us** know of any circumstances which are likely to lead to a claim. Please write to:  
Pet Insurance Claims Department  
Allianz  
Allianz House  
Elmpark  
Merrion Road  
Dublin 4  
D04 Y6Y6  
Alternatively, **you** can phone **our** Claims Team on **01 613 3990**.
2. **You** must then follow the procedures set out in the section under which **you** are claiming.

## The Cover

In return for the correct premium, **we** will provide cover as described in the following sections if they are shown on **your** schedule.

### Section 1: Vet Fees

This section applies in the Republic of Ireland, and for not more than 30 consecutive days in any one **period of insurance** for temporary visits to the UK, the Isle of Man and the Channel Islands, provided that the purpose of the travel is not to seek veterinary treatment.

#### What we will pay

The cost of any **treatment your pet** has received during the **period of insurance** for an **illness** or **injury**.

The **maximum amount payable** under this section is displayed on **your** schedule.

#### What you pay

**You** must pay the **excess** as shown on **your** schedule for each **illness** or **injury** that is treated during the **period of insurance** that is not related to any other **illness** or **injury** that has been treated during the same **period of insurance**.

#### What we will not pay

1. More than the **maximum amount payable**.
2. The cost of any **treatment** for:
  - an **injury** that happened or an **illness** that first showed **clinical signs** before **your pet's** cover started; or,
  - an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury, illness** or **clinical sign** **your pet** had before its cover started; or,
  - an **injury** or **illness** that is caused by, relates to or results from an **injury, illness** or **clinical sign** **your pet** had before its cover started, no matter where, in or on **your pet's** body, the **injury** happened or the **illness** or **clinical signs** were noticed.
3. The cost of any **treatment** for:
  - an **illness** that first showed **clinical signs** within 14 days of **your pet's** cover starting; or,
  - an **illness** which is the same as, or has the same diagnosis or **clinical signs** as an **illness** that

## Section 1: Vet Fees Continued

### What we will pay

(continued from Page 9)

### What we will not pay

- first showed **clinical signs** within 14 days of **your pet's** cover starting;
- or,
- an **illness** that is caused by, relates to, or results from a **clinical sign** that was first noticed within 14 days of **your pet's** cover starting, no matter where, in or on **your pet's** body, the **clinical signs** were noticed.
4. The cost of any **treatment** a **vet** normally recommends to prevent **injury** or **illness**.
  5. The cost of any **treatment**, including cosmetic dentistry, that **you** choose to have carried out that is not directly related to an **injury** or **illness**.
  6. The cost of killing and controlling fleas, general health improvers and any **treatment** in connection with pregnancy, lactation or giving birth.
  7. The cost of food, including food prescribed by a **vet**, except where it is used to dissolve bladder stones and crystals in urine (and then only for a period of 3 months after the condition has been diagnosed).
  8. The cost of vaccinations.
  9. The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone living with **you**.
  10. The cost of having **your pet** put to sleep, disposed of, cremated or the cost of a post mortem.

## Section 1: Vet Fees Continued

### What we will pay

(continued from Page 10)

### What we will not pay

11. The cost of house calls unless the **vet** confirms that moving **your pet** would damage its health, regardless of **your** personal circumstances.
12. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** believes an emergency consultation is necessary.
13. Costs resulting from an **injury** or **illness** specified as excluded on **your** schedule or generally not covered within these terms and conditions.
14. Any costs for treating an **illness** or **injury** after the last day of the **period of insurance**.
15. The cost of any dental **treatment** other than **treatment** arising from an accident or trauma.
16. The cost of hospitalisation and any associated veterinary **treatment**, unless the **vet** confirms it is essential to the recovery of **your pet**.
17. The cost of transporting **your pet** to and from a veterinary practice. **We** will, however, cover any care administered by a **vet** or a veterinary nurse (under **vet's** instructions) during transport.
18. Pre-anaesthetic blood screening and intra-operative fluids for short procedures (under 40 minutes) in healthy animals under 5 years of

## Section 1: Vet Fees Continued

### What we will pay

(continued from Page 11)

### What we will not pay

- age. **We** will, however, cover the cost of placing an intra-venous catheter in all anaesthetised pets.
19. The cost of training aids, for example muzzles, leads, clickers etc. **We** will, however, provide cover towards training aids when recommended by an approved animal behaviourist and used as part of a behaviour modification programme. The **maximum amount payable** towards the cost of training aids is displayed on **your** schedule.
  20. The cost of pheromones, except where they are used by a **vet** in an effort to treat or diagnose an acute behavioural condition (and then only for a maximum of 1 month). **We** will also cover the cost of pheromones when recommended by an approved animal behaviourist as part of a behaviour modification programme, (and then only for a maximum of 3 months).
  21. The cost of elective castration or spaying of **your pet**.
  22. The costs of any complementary therapy including hydrotherapy and physiotherapy, unless recommended by a **vet** to treat an **illness** or **injury** and subject to regular veterinary review.

## Section 1: Vet Fees Continued

### How to claim

Before **your pet** receives **treatment**, **you** must make sure that the **vet** is prepared to complete the **treatment** section of **our** claim form and provide detailed invoices supported by detailed clinical records.

**You** must fill in all policyholder sections of the claim form and ask **your vet** to fill in the **treatment** section. **We** will not pay for any fees/costs incurred by **you** in preparation of any claim.

Please note that if the claim form is not fully completed it will be returned.

For a claim form for **vet fees**, please phone our Claims Team on 01 613 3990 or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie). Alternatively, your vet may have a supply of **vet fees** claim forms.

Please send **us**:

- A fully completed claim form.
- The invoices setting out the costs involved.

In the case of claims for referral **vets**, please ensure that Allianz has received a claim form and a referral letter from the original treating **vet**.

If the claim is for **treatment** in Great Britain, the Isle of Man and/or the Channel Islands please also send **us** the booking invoice for **your** journey or any other official documents to show the dates of **your** journey.

### When to claim

- For life-long illnesses that require ongoing **treatment** e.g. diabetes, arthritis, heart diseases etc., **you** must submit **your** claim form by the end of the **period of insurance** in which the treatment took place.
- In all other cases **you** must submit **your** claim form at the end of **treatment** or the end of the **period of insurance** if the **treatment** has not finished by this time.

**We** reserve the right to decline the claim if **you** fail to meet these conditions.

## Section 2: Advertising and Rewards

This section applies in the Republic of Ireland only.

### What we will pay

The cost of advertising if **your pet** is stolen or goes missing during the **period of insurance**.

The reward **you** have offered for the recovery of **your pet** if it is stolen or goes missing during the **period of insurance**. This must first be agreed with Allianz.

The **maximum amount payable** under this section is displayed on **your** schedule.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any reward that **we** have not agreed to before **you** advertised it.
3. Any reward not supported by a signed receipt giving the full name and address of the person who found **your pet**.
4. Any reward paid to any person living with **you** or employed by **you**.

### How to claim

Please phone **us** on **01 613 3990** for approval of any reward before **you** advertise it. **We** will then send **you** a claim form for advertising and rewards.

Please send **us**:

- A fully completed claim form.
- Invoices and receipts to show the costs involved, including a receipt for any reward **you** paid.

**Please note: We will not pay for any fees/costs incurred by you in preparation of any claim.**

## Section 3: Boarding Kennel and Cattery Fees

This section applies in the Republic of Ireland only.

### What we will pay

The cost of boarding Kennel and cattery fees if **you** are hospitalised unexpectedly.

The following costs for the duration of **your** hospital stay:

1. The cost of boarding **your pet** at a kennel or cattery; or
2. A daily rate towards the cost of someone looking after **your pet** but only where this person does not live with **you**. The amount of this daily rate is displayed on **your** schedule.

The **maximum amount payable** under this section which is displayed on **your** schedule.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any amount if **you** are in hospital for less than 4 days.
3. Any costs resulting from **you** having to go into hospital because of an injury or illness which first occurred or showed symptoms before **your pet's** cover began.
4. Any costs resulting from **you** being pregnant, giving birth or any treatment that is not related to **you** suffering from an injury or illness.
5. Any costs resulting from **you** going into a hospital for treatment for alcoholism, drug abuse, drug addiction, attempted suicide or self inflicted injuries.
6. Any costs resulting from nursing home care for **you**.

### How to claim

For a claim form for boarding kennel and cattery fees, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie).

Please send **us**:

- A claim form filled in by **your** doctor or consultant and by the owner of the boarding kennel or cattery.
- An invoice from the kennel or cattery or written confirmation from the person looking after **your pet**.

**Please note: We will not pay for any fees/costs incurred by you in preparation of any claim.**



## Section 4: Theft and Straying

This section applies in the Republic of Ireland only.

### What we will pay

The price **you** paid for **your pet** if it is stolen or goes missing during the **period of insurance** and is not recovered or does not return.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see **your** schedule for details.

The **maximum amount payable** under this section is displayed on **your** schedule.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any amount if **you** or the person looking after **your pet** has freely parted with it, even if tricked into doing so, unless someone was looking after or transporting **your pet** in return for money, goods or services.

### Special condition that applies to this section

As soon as **you** discover **your pet** is missing, **you** must:

- Tell the Gardai and ask for the crime reference number or written confirmation of **your** report.
- Tell all **vets** and animal rescue centres within a reasonable distance of the area where **your pet** was last seen.
- Tell the operator of the database which holds the micro-chip information relating to **your pet** to record the loss in that database.
- Fill in a claim form if **your pet** has not been found within 30 days

If **your pet** is found or returns, **you** must repay the full amount **we** have paid **you**.

### Note:

**Your** attention is drawn to Section 2 of this **policy** where **we** cover advertising costs etc.

### How to claim

For a claim form for theft or straying, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie). Please send us:

- The pedigree certificate if applicable and a receipt showing the amount **you** paid for **your pet**.
- A fully completed claim form.

Please note: **We** will not pay for any fees/costs incurred by **you** in preparation of any claim.

## Section 5: Death from Injury

This section applies in the Republic of Ireland only.

### What we will pay

The price **you** paid for **your pet** if it dies or has to be put to sleep by a **vet** during the **period of insurance** as a result of an **injury** caused by an accident.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see **your** schedule for details.

The **maximum amount payable** under this section is displayed on **your** schedule.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any amount if the death results from an **injury** that happened before **your pet's** cover started.
3. Any amount if the death results from an **injury** or **illness** which is excluded as specified on **your** schedule or which is not covered within the terms and conditions of this **policy**.
4. Any amount if a **vet** has put **your pet** to sleep unless **your pet** was put to sleep as a result of an **injury** that can not be treated and believes it was not humane to keep **your pet** alive because it was suffering.

### How to claim

For a claim form for death from **injury**, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie).

Please send us:

- A death certificate from **your vet**.
- The pedigree certificate if applicable and a receipt showing the amount **you** paid for **your pet**.
- A fully completed claim form.

Please note: **We will not pay for any fees/costs incurred by you in preparation of any claim.**

## Section 6: Death from Illness

This section applies in the Republic of Ireland only.

### What we will pay

The price **you** paid for **your pet** if it dies or has to be put to sleep by a **vet** during the **period of insurance** as a result of an **illness**.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see **your** schedule for details.

The **maximum amount payable** under this section is displayed on **your** schedule.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any amount if the death results from **injury** or **illness** first occurring or showing **clinical signs** before **your pet's** cover started.
3. Any amount if the death results from an **illness** first occurring or showing **clinical signs** within 14 days of **your pet's** cover starting.
4. Any amount if the death results from an **illness** which is the same as an **illness** in any part of **your pet's** body that first showed **clinical signs** before **your pet's** cover started or within 14 days of **your pet's** cover starting.
5. Any amount if the death results from an **illness** or disease in any **select breed** aged 5 years or over or any other pet aged 8 years or over.
6. Any amount if the death results from an **injury** or **illness** which is excluded as specified on **your** schedule or which is not covered within the terms and conditions of this **policy**.
7. Any amount if a **vet** has put **your pet** to sleep unless **your pet** was put to sleep as a result of an **illness** that can not be treated and believes it was not humane to keep **your pet** alive because it was suffering.

## Section 6: Death from Illness Continued

### How to claim

For a claim form for death from **illness**, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie).

Please send us:

- A death certificate from **your vet**.
- The pedigree certificate if applicable and a receipt showing the amount **you** paid for **your pet**.
- A fully completed claim form.

**Please note: We will not pay for any fees/costs incurred by you in preparation of any claim.**

## Section 7: Holiday Cancellation

### What we will pay

The cost of any travel and accommodation expenses **you** cannot recover:

1. If **you** have to cancel **your** holiday during the **period of insurance** because **your pet** has an **injury** or shows the first **clinical signs** of an **illness** in the 7 days before **you** leave and requires immediate lifesaving surgery.

or

2. If **your pet** is staying in the Republic of Ireland while **you** are on holiday and **you** have to cut short **your** holiday because **your pet**:
  - goes missing; or
  - has an **injury** or shows the first clinical signs of an **illness** while **you** are on holiday and requires immediate lifesaving surgery.

The **maximum amount payable** under this section is displayed on **your** schedule.

Please note: this cover applies to holidays within the **period of insurance** only.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any costs relating to a holiday **you** booked less than 28 days before **you** were due to leave.
3. Any costs resulting from an **injury** or **illness** which is excluded as specified on **your** schedule or which is not covered within the terms and conditions of this **policy**.
4. Any costs resulting from an **illness** first showing **clinical signs** either before or within 14 days of **your pet's** cover starting.

### How to claim

For a claim form for holiday cancellation, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie). Please send **us**:

- A claim form which **you** and **your vet** have filled in; and the booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation.
- The invoices must show the date of the booking, the dates of the holiday, the total cost of the holiday, the date **you** decided to cancel or return home and any expenses **you** cannot recover.

Please note: **We will not pay for any fees/costs incurred by you in preparation of any claim.**

## Section 8: Third Party Liability

This section applies in the Republic of Ireland only.

In this section, **you** and **your** means **you** or any person looking after or handling **your pet** with **your** permission.

### What we will pay

If property is damaged, or someone is killed, injured or falls ill as a result of an incident involving **your pet** during the **period of insurance**, we will pay:

1. all amounts that **you** legally have to pay; and
2. if **we** agree, the legal cost and expenses for defending a claim against **you**.

The **maximum amount payable** under this section is displayed on **your** schedule.

### What you pay

The Third Party Property Damage **excess**, as shown on **your** schedule. This applies to any compensation, costs or expenses where property has been damaged.

### What we will not pay

1. More than the **maximum amount payable**.
2. Any costs or expenses incurred in defending **you** which **we** have not agreed beforehand.
3. Any compensation, costs and expenses resulting from an incident which takes place as a result of **your** profession, occupation or business.
4. Any compensation, costs and expenses **you** are legally responsible for because of a contract **you** have entered into.
5. Any compensation, costs and expenses if the person who is killed, injured or falls ill lives with **you** or is employed by **you**.
6. Any compensation, costs and expenses if the property damaged belongs to **you** or any person who lives with **you** or is employed by **you**.
7. Any compensation, costs and expenses if **you**, or any person who lives with **you**, or is employed by **you** is responsible for or looking after the property that is damaged.
8. Any compensation, costs or expenses if **you** are deemed responsible under the law of any country, other than the Republic of Ireland.

## Section 8: Third Party Liability Continued

### What we will pay

(continued from Page 21)

### What we will not pay

9. Any compensation, costs and expenses if **you** are responsible for air, water or soil pollution, unless it can be proved that the pollution took place immediately after and as result of an accident involving **your pet**.
10. Any compensation, costs and expenses arising from the ownership, possession or use of any dog specified under Control of Dogs (Restriction of Certain Dogs) Regulations and/or any other amending acts, unless such dogs are kept muzzled, under effective control and it is possible to identify them in public places.

### Special conditions that apply to this section

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any other person following an incident.
2. **You** agree to provide **us** with any information **we** ask for.
3. **You** must allow **us** to take over and conduct the defence or settlement of any legal action in **your** name or in the name of any other person indemnified by this **policy**.
4. **You** must immediately send **us** any writ, summons or legal documents **you** receive and **you** must never send any replies to any of these documents.

### How to claim

For a claim form for third party liability, please phone **our** Claims Team on **01 613 3990** or print out a claim form by visiting [www.allianz.ie](http://www.allianz.ie). Please send **us**:

- the claim form together with all correspondence, writs, summons or any other legal documents. **You** must not have replied to any of these documents.

Please note: **We** will not pay for any fees/costs incurred by **you** in preparation of any claim.

## General Exclusions

All sections in this policy do not cover the following:

1. Any animal less than 8 weeks old.
2. Dogs being used for guarding, racing, track racing or coursing.
3. Any amount if **you** break the animal health or importation laws or regulations of the Republic of Ireland or United Kingdom.
4. Any amount if **your pet** is confiscated or destroyed:
  - by government or public authorities
  - under the Control of Dogs Act 1986 and Control of Dogs (Amendment) Act 1992 and any other amending acts in the Republic of Ireland or the Animals Act 1972 in the United Kingdom
  - because it was worrying livestock.
5. Any costs incurred because the Department of Agriculture, Food and the Marine in the Republic of Ireland or the Ministry of Agriculture, Fisheries and Food in the United Kingdom, have put restrictions on **your pet**.
6. Any loss caused by war, riot, revolution or any similar event.
7. Any loss caused by, connected to or resulting from any device failing to recognise, interpret or process any date as its true calendar date.
8. Any amount resulting from diseases transmitted from animals to humans.
9. Any amount if the **pet** suffers from a notifiable disease as defined by the Department of Agriculture, Food and the Marine at the time of the notification of the claim.
10. Any amount for travel to seek veterinary **treatment** abroad, except where **treatment** is not available in the Republic of Ireland and agreed in advance by the Allianz Pet Insurance Claims Department.
11. Any amount for MRI or CT scans unless cover has been agreed in advance by the Allianz Pet Insurance Claims Department. A report from a qualified Diagnostic Imaging Specialist must be requested at the time of the scan and a copy of this report must accompany **your** claim.



# Important Information in Relation to Your Allianz Policy

## Your insurer

The underwriter of **your** insurance is Allianz p.l.c., having its registered office at Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Companies Registration No. 143108. Vat no 4887986M. **Our** contact details are: tel: +353 1 448 48 48, and email: info@allianz.ie.

## Regulatory Status

Allianz p.l.c. is regulated by the Central Bank of Ireland and is subject to the Central Bank of Ireland's Consumer Protection Code and Minimum Competency Code which offer protection to consumers. These Codes can be found on the Central Bank's website: [www.centralbank.ie](http://www.centralbank.ie).

## What we do

Allianz p.l.c. is a non-life insurance undertaking which underwrites personal, commercial, education, religious and social insurance products. When dealing directly with personal customers **we** underwrite products on a non-advisory, information only basis.

## How we charge

The charge for our services is the premium (including applicable government levy and/or premium taxes). This premium, and any optional covers are separately specified in **your** schedule/renewal notice.

## Default

Non-payment of **your** premium or part thereof (including where **you** are using our Direct Debit option) or breach by **you** of certain conditions of **your policy** may lead to **your policy** being revoked or cancelled.

## Language & Customer Communications

**Your policy** and all communications with **you** or by **you** to **us** will be in English. For Allianz Direct customers: **We** will publish **your** insurance documentation in the MyAllianz portal. On request **we** will also provide **your** documentation by post.

## Right of Withdrawal

**You** have the right to withdraw from this **policy**, provided **you** have not made a claim, within 14 days from:

- (1) the starting date of cover, or
- (2) the date on which **you** receive the full terms and conditions of **your policy**.

Withdrawal effectively means that no **policy** was ever in place. **You** may exercise this right in writing to **us** at the address given above, quoting **your policy** number. If **you** exercise this right **we** will refund **you** any part of **your** premium **you** have paid less an administration charge as detailed in **your** schedule. If the cover is motor insurance, the premium cannot be refunded until the Allianz Certificate of Motor Insurance and Insurance Disc

# Important Information in Relation to Your Allianz Policy

have been returned to Allianz. **Please note:** the right of withdrawal does not apply if the insurance **policy** under which insurance cover is provided is for less than 1 month.

## Governing law

**You** and **we** may choose the law applicable to this contract. It is hereby agreed that this contract is governed by Irish Law unless **we** agree with **you** otherwise in writing. The Irish Courts will have jurisdiction to hear any dispute other than any dispute which must be referred to arbitration under the arbitration clause of this **policy**.

## Policy Alteration, Additional and Return Premiums

Where **your policy** is altered during any **period of insurance** **we** will recalculate **your** premium. This may result in an additional premium due to **us** or a return premium due to **you**. A premium transaction charge may be applied to all such alterations, as detailed in **your** schedule.

**We** will only charge or refund **you** provided the total amount, including the premium transaction charge, is greater than or equal to the amount detailed in **your** schedule. A government levy applies to all premium calculations.

## Alteration to terms and conditions

In the event of a claim **we** may advise **you**, at the time of **your** next renewal, of altered **policy** terms and conditions which increase **your** premium and/or **excess**, and/or reduce cover.

## Remuneration

Please be aware that an Allianz staff member may receive a payment in relation to the processing of your policy.

## Compensation

Please note that in the event of Allianz being unable to pay a claim, **you** may be entitled to compensation from the Insurance Compensation Fund in Ireland.

## Call Recording

Please note that Allianz may record and monitor telephone calls for regulatory, training and quality purposes.

## Complaints

**We** aim to deliver the very highest standards of customer care. If **you** have any enquiry or complaint, please contact, with **your policy/quote** number and details:

Head of Customer Focus, Allianz p.l.c.,  
Allianz House, Elmpark, Merrion Road,  
Dublin 4, D04 Y6Y6.

Tel: +353 1 6133000, or  
email: [info@allianz.ie](mailto:info@allianz.ie).

## Important Information in Relation to Your Allianz Policy

If **your** complaint is not resolved to **your** satisfaction and **you** remain dissatisfied with our final response to **your** complaint **you** can refer **your** complaint to:

- (1) The Financial Services and Pensions Ombudsman,  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29.  
Tel: (01) 567 7000  
Email: [info@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)

The Financial Services and Pensions Ombudsman will examine complaints from all customers, except limited companies with a turnover of €3 million and above

and/or

- (2) Insurance Information Services -  
Insurance Ireland,  
First Floor,  
5 Harbourmaster Place,  
IFSC, Dublin 1,  
Tel: +353 1 6761820,  
Fax: +353 1 6761943,  
email: [info@insuranceireland.eu](mailto:info@insuranceireland.eu)  
website: [www.insuranceireland.eu](http://www.insuranceireland.eu)

**Allianz p.l.c.**

Allianz House  
Elmpark  
Merrion Road  
Dublin 4  
D04 Y6Y6.

Tel: 01 448 48 48

Fax: 01 660 5214

Website: [www.allianz.ie](http://www.allianz.ie)

E Mail: [info@allianzdirect.ie](mailto:info@allianzdirect.ie)

Allianz Mobile: [m.allianz.ie](tel:m.allianz.ie)

Freetext: 50048

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