

Equine Claim Form

This form can be used to submit a claim under the following benefits:

- Veterinary Fees
- Death
- Permanent Loss of Use

If you are submitting a new claim: Complete sections 1 - 5 and pass the form to your vet to complete sections 6 - 9.

If you are submitting invoices for a Veterinary Fees continuation claim: Complete the shaded boxes only 

Our aim is to deal with your claim as quickly and fairly as possible. To help us handle your claim please read the important notes section below:

Important Notes

- All sections must be completed unless advised otherwise. Any incomplete forms will be returned to you.
- You are responsible for the costs of obtaining and submitting any information we request.
- You are responsible for the payment of any excess that is applicable, and for any other amount which is not covered.
- All invoices must be accompanied by a claim form, even when the claim is a continuation.
- Treatment carried out by a person other than a veterinary surgeon is not covered, unless they hold a recognised qualification. For Complementary treatments, your vet must have examined the horse first and must fill in sections 6 to 9 of this claim form. You must then accompany the claim form with your vet's letter of instruction to, and any invoices from, the complementary therapist or farrier.
- Please refer to your terms and conditions for complete details of your cover.
- If faxing a claim please retain all original copies of claim form and receipts.
- Please use one claim form per animal and per vet practice attended.

Supporting Documentation

You will need to enclose the following documents with your claim form These need to be the original documents

Vets Fees	Veterinary invoice(s) <input type="checkbox"/> Invoice(s) for any complementary treatment/corrective shoeing, along with a letter of instruction from your vet to the complementary therapist <input type="checkbox"/> Referral report (only applicable for referral claims) <input type="checkbox"/>
Permanent loss of use	Vets clinical history report <input type="checkbox"/> Evidence of ownership <input type="checkbox"/> Any referral reports <input type="checkbox"/>
Death	Post mortem report <i>Unless we tell you this is not required</i> <input type="checkbox"/> Disposal receipt <input type="checkbox"/> Evidence of ownership <input type="checkbox"/> Vets clinical history report <input type="checkbox"/>

To be completed by the Policyholder

1. About You

Your Name
Your Address
Please tick here if this is new and different to the address on your Insurance Schedule
Daytime phone number
Mobile phone no.
Email Address
Your Policy Number

2. About your horse

Your horse's name
Age
Height
Colour
Sex
Stallion / Colt
Mare / Filly
Gelding
Microchip No.
Passport No.
Freezemark No.
Are you the only owner of the horse?
If No tell us who else shares ownership on a separate sheet
Have you (or any other owner) any other insurance for this horse?
If Yes tell us the details on a separate sheet
Was anyone else responsible for your horse when it was injured or became ill?
If Yes tell us the details on a separate sheet
Name and address of your usual veterinary practice
Telephone Number
Date you registered with this practice

3. About Your Claim

What are you claiming for?
Vets Fees/Complementary Therapy Fees
Have you claimed for this condition before?
Permanent loss of use
Death/Humane destruction
Disposal Costs

Give details of the injury or illness
Please give precise details of the part of the body affected and attach a separate sheet if you need more space
What was the horse being used for at the time?

Where did the injury happen or the horse first become ill?

When did this happen? Time _____ am / pm Date / /

If there was a delay of more than 24 hours before the vet attended please advise the reasons behind this on a separate sheet of paper

When was the vet first called? Time _____ am / pm Date / /

Are you claiming for the cost of corrective shoeing? Yes No

If YES, how much does your shoeing normally cost? € Per set

Will any part of the claim be for dental treatment? Yes No

If Yes please give the dates of the last two dental checks / / / /

If any dental treatment was needed, was it carried out at the time? Yes No

4. Previous Veterinary History Please answer the following questions as fully as possible

A Has your horse ever had any illness, been injured or shown any signs of being unwell? Yes No

If Yes, please give details on a separate sheet

B Did you ask the person you bought your horse from about its veterinary history? Yes No

If Yes, what information did they give you?

C Has your horse ever had a 2 or 5 stage veterinary examination? Yes No

If it has please send us a copy of the report. If we already have been sent a copy at inception of cover, please advise so that we may retrieve our records from archive.

D Please provide details of all other insurance companies your animal has been insured with.

We need their name, address, your policy number with them and full details of any claims you made

Company Name

Address

Policy Number

Full details of any claim you made

E If you have owned your horse for longer than it has been insured with us, and it was not previously insured, why did you decide to insure it when you did?

F Has any other vet seen your horse whilst it has been in your ownership? Yes No

If yes, please tell us their name, address and your address when with them if it was different to your current address.

If more than one, please give details on a separate sheet.

Name

Address

Your Address (if different)

5. Policyholder Declaration for you to fill in and sign

- I claim for the cost of treatment covered by my policy and agree that you will make any payment to the person or practice indicated below
(if only one of the joint policyholders is to be paid, please enter their name in the box marked 'other')

Policyholder(s) Veterinary practice _____
Other _____

- I have agreed with my vet that they are going to send me a copy of this form and the invoices claimed for
- I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Your signature ✕ _____ Date / /
(if there are two policyholders shown on the Insurance Schedule each one must sign)

Your signature ✕ _____ Date / /
(if there are two policyholders shown on the Insurance Schedule each one must sign)

Please ask Your Vet to complete Sections 6-9 on the reverse of this Form

To be Completed by the Attending Vet

6. About the injury or illness

Did the horse die due to this injury or illness? Yes No

A post mortem must be carried out unless we have advised this is not required

Was the horse euthanased due to the injury or illness? Yes No

Did the horse's condition meet the guidelines set by BEVA and Veterinary Ireland for immediate destruction? Yes No

Illness or injury

Diagnosis of the illness or injury

Or give the clinical signs if you have not yet made a diagnosis. Please indicate the exact areas affected.

Have you sent us a claim for this illness or injury before (for this horse)? Yes No

If Yes, go to section 7

When did this illness or injury first begin? / /

(as noted by you, by the client or on the horse's record)

If the horse has been seen before for:

- this illness or injury;
- any similar or related illness or injury; or
- any similar or related clinical signs;

please give us the history with dates

Is the illness or injury being claimed for related to this history? Yes No

Is the illness or injury likely to need further treatment? Yes No

7. Complementary Treatment *for the vet to fill in*

Did you recommend any complementary treatment?

Yes No

If the horse requires remedial farriery please advise how many feet this is for

8. Treatment and fees *for the vet to fill in*

First and last date of treatment being claimed for First / /
Last / /

Please attach detailed invoices listing dates, treatment and medication for each illness or injury

9. Declaration *for the vet or a person authorised by the vet to fill in and sign*

- I have checked the information on this claim form and as far as I know it is correct
- The fees I have charged are no higher than my normal fees
- I will provide the client with a copy of this form and the invoices claimed for.

Signature

Practice stamp

Date

Email Address

Please return the completed form to Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4, with the appropriate invoices attached

Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data *for the performance of the contract or to take steps prior to entering into the contract of insurance*. The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data *for legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud,
 - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
 - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
 - private investigators when we need to further investigate certain claims,

- vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
- other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
- An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
- other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
- customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

Automated decision making

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Direct Marketing

If your chosen preference is to receive marketing, we may contact you by email, SMS, phone or post with helpful information on products, services, special offers and competitions. If you no longer wish your information to be used for marketing purposes please write to us at Allianz Plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6 or e-mail us at info@allianz.ie

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