

Claim Form For Veterinary Fees

BEFORE COMPLETING THIS FORM, PLEASE SEE POINTS TO NOTE BELOW. **PLEASE USE BLOCK CAPITALS**

Points to Note

- Fill in a separate claim form for each condition being claimed.
- In the case of claims for referral vets please ensure that Allianz p.l.c. has received a claim form from the original treating vet.
- Do not sign this claim form until it has been fully completed (including all dates and treatment costs) by you and the vet, as your claim may be delayed if we do not have this information.
- If we decide that we cannot pay some or all of your claim, you will have to pay your vet for any treatment we have not paid.

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

Policy holder's name: _____

Address: _____

Email address: _____

Telephone number: _____

Policy number: DN PET _____

2. About Your pet - to be completed by policyholder(s)

Your pet's name: _____ Male Female

Breed: _____ Dog Cat

Pedigree Name: _____

When did you take ownership of your pet?

Date: ____/____/____

Rescue Pet: Yes No

Date of rescue: ____/____/____

Rescue centre: _____

3. History – to be completed by policyholder(s)

If your pet has been seen at more than one veterinary practice, please provide details here.

A. Name _____

Address _____

B. Name _____

Address _____

Name of the illness or injury you are claiming for (in your own words). If your pet has been injured, please use a separate sheet to tell us how it happened.

What date did you first notice any signs of this problem? Date: ____/____/____

4. About the illness or injury – to be completed by the treating vet

Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis:

If the pet was referred to you, please give the name and address of the referring practice.

Has your practice sent us a claim for this illness or injury before? Yes go to section 5 No or don't know Referred

When was this pet first registered with your practice? Date: ____/____/____

When did this illness or injury first begin (as noted by you, by the client or on the pet's record)? Date: ____/____/____

5. Treatment Fees – to be completed by the treating vet

First and last date of treatment being claimed for? First: ____/____/____ Last: ____/____/____

Fees we normally pay for: ▼ If the total fees are less than €200, please complete this section. If the total fees are greater than €200 you need to attach an invoice listing dates, treatment and medication for each illness or injury.

Consultations € _____

Hospitalisation € _____

X-Rays € _____

Tests and pathologies € _____

General anaesthetic € _____

Surgery € _____

Medication € _____

Other (please give details) € _____

Total fees € _____

VAT € _____

FRAUD WARNING

Where a claim made under a contract of insurance contains information that is false or misleading in any material respect and which any person either knows to be false or misleading or consciously disregards whether it is false or misleading, Allianz shall be entitled to refuse to pay the claim and shall be entitled to terminate the contract without a return of premiums paid under the insurance contract. Allianz reserve the right to notify the relevant authorities where these circumstances arise.

6. Vet Declaration – to be completed by the treating vet

If claiming for illness, or if this is the first time claiming for this condition, please include a Full Clinical History from the first date the pet was registered with your practice.

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.

Practice stamp

Vet Signature _____

Date _____

7. Policyholder Declaration – to be completed by policy holder(s)

By signing this form I authorise the veterinary practice to provide Allianz p.l.c with all information relating to my pet, I also confirm that I have checked the information given on this form and that this is correct to the best of my knowledge.

Signature of Policyholder _____ Date / /

Signature of Joint policyholder _____ Date / /

8. Payee details – to be completed by policy holder(s)

Please select one of the options below:

Option 1: Pay me the policy holder

If you pay your Pet Policy by direct debit we will pay your settlement directly into this account.

If you do not pay by direct debit and would like your settlement to be paid directly into your account, please provide the information in the Bank Details section below. Otherwise we will send your settlement by cheque.

IBAN Code:

Account holder's name:

Bank branch address:

Option 2: Pay the vet directly Practice Name: _____

If you have supplied us with bank details we will pay the settlement into this account. Otherwise we will pay the settlement via cheque.
If you wish to set up electronic fund transfer with us please phone the pet claims department on 01 613 3990.

Please return completed form to:

Allianz p.l.c.,
Pet Insurance Claims Department,
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: 01 613 3990
Email: petplanclaims@allianz.ie
Website: www.allianz.ie

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Calls may be recorded or monitored for regulatory, training and quality purposes.