



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  | <input type="checkbox"/> |
| 2. Pedigree certificate and Kennel Club registration   | <input type="checkbox"/> |
| 3. Receipts to support advertising expenses (if applicable)  | <input type="checkbox"/> |
| 4. Name, address and telephone number of the recipient of the reward (if applicable)   | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 6. Any other relevant documents  | <input type="checkbox"/> |

**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 **X** \_\_\_\_\_ Date **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

#### 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 **X** \_\_\_\_\_ Date **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

Garda/Practice stamp (if applicable)

Date **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

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: 1850 48 48 48

Fax: 01-660 9453