

# 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)

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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.

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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?

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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 NumberOther animal's name

Other animal's breedOther 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

Please sign overleaf



### 9 Witnesses Details

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

### 10 Gardai/Police

Were the police involved or have they been told about the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please give the following details
Police station Address			
Police officers name			
Police officers number			
Police Reference			

### 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.

Signature of Policyholder ~~X~~ \_\_\_\_\_ Date ~~X~~ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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: 1850 48 48 48 Fax: 01-660 9453