

Claim Form For Third Party Liability

1 About You – to be comple Policyholders' Name		oy po Mrs/N		holde	er(s)	1	1	1		ı	1	1	1	1	1	ı	ı	1	I	ı	ı		ı	ı	1 1
Address:	,.	·	1.5	_		i		i	i	i		i	i	i	i	i									
Address.																									
Telephone:													-												
•													•												
Your Policy number:			l																						
2 About Your Animal – to b	e con	nplet	ed l	วง ทด	licvh	olde	r(s)																		
Your animal's pet name/		.p		-) P			(0)																		
registered name	1 1	1	1	1			1	1	1	ı	ï	1	1	1		1	1	1	1	1	1		1	ī	1 1
Pedigree name (if applicable)	\																								
Animal Insured							Dot	- Cov	N/I					۸	a 0				Droo	٩					
Allillarinsuleu	_	Dog □ Cat □ Pet Sex M □ F □ Age Breed Horse □ Sex Stallion/Colt □ Mare/Filly □ Gelding □																							
	Horse □ Sex Stallion/Colt □ Mare/Filly □ Date of Birth □ □ Colour																_								
How long have you owned																									
How long has the animal be	een ir	ı you	ır pr	oper	ty?_																				
3 Details of Household Conf	tents	 Insur	ranc	e																					
Name of Insurance Compar						1	ı	1	ı	ı	ī	ı	1	1	ı	1	1	1	1	1	1	ı	ı	ı	1 1
Address of Insurance Compa	-																								
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Telephone Number																									
Your Contents Insurance Po													1			1									
Tour Contents insurance it	Jiley i	TUITIL	Jei																						
4 Details of the Incident																									
Date of incident			/ _		∟/∟							Time	e _				Pla	ice							
Please explain how the inci	ident	happ	ene	ed an	d wh	o or	what	t you	ı thin	k wa	s r	espo	nsib	ole (ι	use a	n ex	tra s	shee	t of p	оарє	er if r	need	ed)		
		- 1						,															,		
Was the insured animal inju	iured (or kil	led?)																	In	jurec	1 🗆	Kil	led □
If a dog, was the animal on					of the	inc	ident	t?													,	, ai cc			No 🗆
If Yes, what type of lead wa					OI LIIC	·	iucii																103		140 🚨
ii ies, what type of lead wa	וז טכוו	iy us	cu:																						
Describe the animal's usua	ıl natır	ıre																							
Describe the animal s asaa	Tilata	10																							
Has the animal ever reacted	d or h	ohav	od i	in thi	C 14/21	ρ If '	Vac r	مامء	o nro	wide	٠ ط	otaile													
rias tile allimai ever reacte	u oi b	Cilav	/Cu i		s way	/: II	103,	Dicas	se pre	viuc	· u	Ctans	۰.												
Who was in charge of the a	anima	l at 1	the	time	of the	o inc	iden	t2 D	ataile	not	ro.	auiro	d if	thic	W/ac	the r	nolic	vho	ldor						
_				unie	01 111	- 1110	iuen	וו טי				-		uiis	was	uie þ	JUIIC	.yııo	iuei						
Name	ivif/ľ	Mrs/I	VIS	L						<u>. </u>	+									 _					
Address																									
											_														
Telephone Number																									
Why was this person in cha	arge o	f the	ani	mal a	at the	tim	e?																		

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 Other animal's name Telephone Number Other animal's breed Other 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) L **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 Address

Name of vehicle driver	Mr/N	Mrs/	Ms																			
Address																					1	
Address														•	•							_
Make and model of vehicle																						_
Registration number																						_
Name of Insurance compar	ıy of c	dam	age	d ve	ehic	le																
Address of Insurance Comp	any																					-
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Telephone number																						
Insurance Policy Number																						
Describe the damage to the	e vehi	icle (use	e ex	tra s	heet	s of	pap	er it	nee	ded _,)										
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How good was visibility?																						_
																						-
What speed limit applies to		road	wh	oro	tho	inci	dont	har	non	nod2												-
what speed infint applies to		uau	VVII	lere	uie	ПСК	Jen	. IIa	ppei	ieur												
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9 Witnesses Details Name of Witness 1	Mr/	'Mr	s/N	ls _			1					_		1											<u> </u>	 	 	
Address										L																		
Telephone number																												
Name of Witness 2	Mr/	'Mrs	s/IV	ls ∟						L												L			L	 		
										<u></u>	1																	
Address L		<u> </u>									1																	
Telephone number																												
10 Gardai/Police Were the police involved or have they been told about the incident? Yes No If Yes, please give the following determined by																												
D 1																												
Police officers name Police officers number Police Reference																												
Have you received any claim You must not reply to any of Please give details of all your	of th	ies	e cl	aim	S						aim	ns				es C		0 [nent	
Data Protection Acts — collect The information you provide to U controller in respect of all such in USES. Information you supply maby Us, our agents, our reinsurers, information such as electoral roll, DISCLOSURE. We may share with acting for you, and with recognise you and your claims history. This use private investigators to invest SENSITIVE DATA. We may need to claim. By your signature you sign insurance administration (including RETENTION. Under the Consume will retain your information for loconsent. By providing Us with your poses of insurance administration.	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. Data Protection Acts – collection and use of personal information The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly. USES. Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions. DISCLOSURE. We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information who hold about you and your claims history. This includes insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim. SENSITIVE DATA. We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to administer your claims. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including processing, claims handling, reinsurance legislation. CONSENT. By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including p																											
Signature of Policyholder																												
Signature of Joint Policyhold	er	X	_														_		Dat	te ,	Χı			<i> </i> _		 /∟	 	
Signature of Third Party (if applicable)		X	_								_								Dat	te ,	X l			/∟		 / ∟	 	

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: 1890 48 48 Fax: 01-660 9453