

Claim Form For Loss By Theft Or Straying

1 About You - to be comple	ted by policyholder(s)
Policyholders' name	Mr/Mrs/Ms
Address:	
County:	
Telephone Number:	
Policy Number:	
rolley Nulliber.	
2 About Your Animal	
Your animal's pet name/	
registered name	
	Data = Cat = DatCau M = F = Ass
Animal Insured	Dog Cat Pet Sex M F Age Breed Cat Cat Cat Cat Cat Cat Cat Cat
	Horse □ Sex Stallion/Colt □ Mare/Filly □ Gelding □
	Date of Birth / Colour
Date and where purchased	
Original purchase price	€
3 Circumstances	
	ice the Animal was missing Date//Time
Place	
	ed in respect of dogs and cats until 30 days have elapsed, loss of a horse requires immediate notification)
	the animal last seen? Date/ Time
	recovered, please state Date// Time
Place	
4. Please advise circumst	ances of loss (use separate sheet if necessary)
5. Please provide the follo	owing information in respect of the Garda/Veterinary Surgery to whom the loss was reported.
Address:	
ridaress.	
County	
County:	
Telephone Number:	
Date reported	Garda report No.: (if applicable)
-	res or advertised for information, if so please give full details and attach receipts. Yes 🗆 No 🗆
Please state cost of advertis	ing €

7. Have you paid a reward?			Yes □ No □
(agree in advance with Allianz)			
Please state amount of reward	€		
4 Supporting Documentation a The following documents are delayed.		laim. If supporting documentation is not received,	, the payment may be
IF YOU ARE CLAIMING FOR THE	PURCHASE PRICE OF YOUF	ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUME	ENTS
Please tick if enclosed			
Freezemark/branding documer Purchase Receipt □	ntation/passport		
If unable to send all documents	-	on on a separate sheet of paper.	
Please tick relevant box to indic 1. Purchase receipt	ate document attached.		П
2. Pedigree certificate and Kenr	nel Club registration		
3. Receipts to support advertising			
4. Name, address and telephone	•	· · · · /	n cannot be provided an
		y veterinary surgeon (for cat). If written confirmation requested will be required in SECTION 5	ir cannot be provided an
6. Any other relevant documen			
full amount received in respec	ct of their claim.	equent to payment of a claim, the claimant agrees lete in every respect and the loss is not covered by an	
Signature of Policyholder	X	Date 🗡 /	//
Signature of Joint Policyholder		Date X /	
5 Garda/Veterinary Practice			
Please ensure this section is co			
•		,	
I confirm that the loss of the abo	ove Animai nas been repor	ted	
Signature of vet or			
reporting officer	X	Date X /	//
Garda/Practice stamp (if applie	cable)	Data X	//
Garda/Fractice Starrip (il applic	<i>Lable)</i>	Date /	

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