

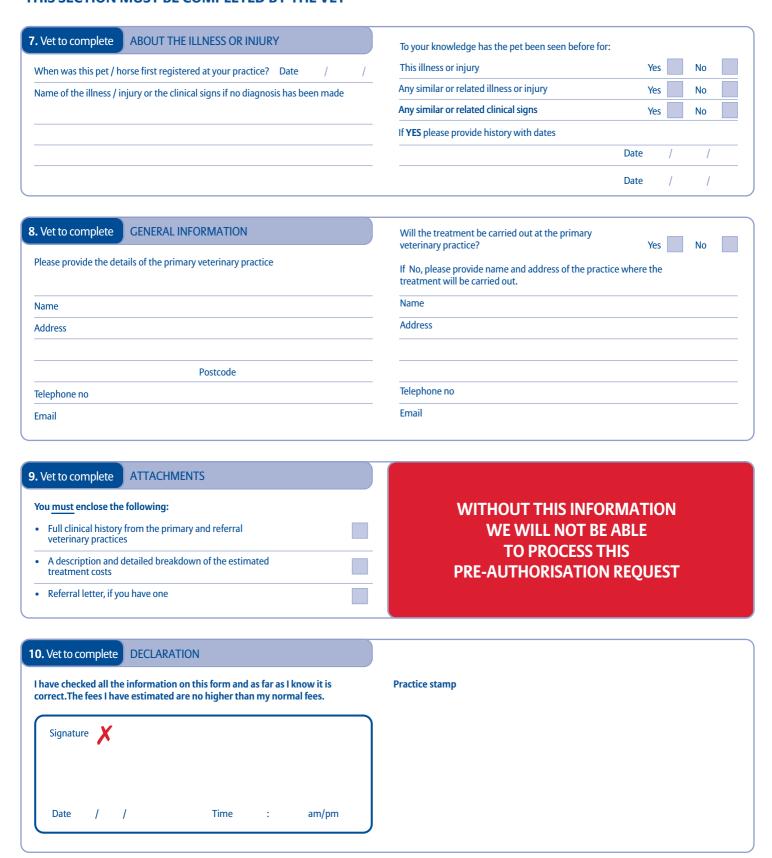
## Pre-Authorisation of possible claim

Once we receive this form we will tell you as soon as possible whether the proposed treatment is covered by the terms and conditions of the policy. Once confirmed, simply send us the invoice quoting the claim number when the treatment is complete.

PEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1. Policyholder to complete POLICY NUMBER	D N
2. Policyholder to complete ABOUT YOU  Policyholder's name  Daytime telephone no  Email address	Policyholder's address
3. Policyholder to complete ABOUT YOUR PET / HORSE	Pet's / horse's date of birth / Male Female
Pet's / horse's name:  Pedigree name  Is your pet a Dog Cat Horse  Breed	Date you first owned your pet / horse / / Is your pet / horse insured with any other company? Yes No  If Yes, please state which company
4. Policyholder to complete ABOUT THE ILLNESS OR INJURY  What condition is the treatment for?	Please give us the details of ALL the veterinary practices your pet / horse has been registered with. (If there is not enough space please use separate piece of paper).  Name  Address
	Telephone no Date: from / / to / /
S. Policyholder to complete  GENERAL INFORMATION  Who should we pay? Policyholder Veterinary Practice  You are responsible for any vet fees that exceed your Vet Fee Benefits for the policy year. Please ensure you have sufficient information from your vet to answer the following questions.  What are the total estimated costs for the detailed treatment breakdown quoted to you and agreed by you with your vet?  Has your vet informed you of any further treatment that may be required for this condition? Yes No  If 'Yes' have you received an estimate of costs for this treatment? Yes No	
6. Policyholder to complete  SIGNATURES  If the policy is in joint names both policyholders must sign  Signature  Date / /  Are you happy for Allianz to provide the veterinary practice(s) identified on this form	Signature X  Date / /
in respect of this Pre-Authorisation request?  I confirm that I have checked the information on this Pre-Authorisation form and the	

## THIS SECTION MUST BE COMPLETED BY THE VET



## PLEASE FAX BOTH SIDES OF THE CLAIM FORM AND ATTACHMENTS TO THE CLAIM TEAM ON 01-6609453

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