Allianz

Property
Claims

Property Damage/Loss Claim Form

CLAIM NO.

NOTE: (i) This form is issued without prejudice to the rights or liabilities of the Company.
(ii) Your claim will be considered in accordance with the scope of cover granted by your policy

Policyholder

Name and Address of Policyholder

Email:

Policy Number:

	Telephone No.	Times Available			
Home		a.m.		p.m.	
Business		a.m.		p.m.	
Mobile		a.m.		p.m.	

Are you registered for VAT? YES ☐ NO ☐ If YES, state registered number.

The Event

Date and time of Damage/Loss:

Address where Damage/Loss occurred:

State fully the cause of the Damage/Loss:

Buildings

Are you the owner? YES ☐ NO ☐ Give details of any other party having an interest in the property (Building Society, etc.)

If building was unoccupied during term of insurance state period during which it was unoccupied.

Is your premises alarmed? YES ☐ NO ☐

Are there any other insurances on the buildings? YES ☐ NO ☐ If "YES", give details:

Contents

Are you the sole owner of the articles? YES ☐ NO ☐ If "NO", give name and address of other owner:

Are there any other insurances on the articles? YES ☐ NO ☐ If "YES", give details:

please continue overleaf

Please return completed form to:

Allianz p.l.c.,
Allianz House,
Elmpark,
Merrion Road,
Dublin 4.

Telephone: (01) 613 3000
Fax: (01) 613 4482
Email: info@allianz.ie
Website: www.allianz.ie

Allianz p.l.c. is regulated by the Financial Regulator. Registered in Ireland, No. 143108

Previous Damage/Loss

Have you ever sustained Damage/Loss of this nature previously? YES ☐ NO ☐ If "YES", give full details:

Particulars of Damage/Loss

PLEASE RETAIN DAMAGED PROPERTY

State where damaged property may be inspected.

NOTE: (i) Please complete all relevant columns.
(ii) Receipts, Estimates or other documentary evidence will be required to prove damage/loss and should be attached in support of your claim.
(iii) The Insured is not entitled to abandon salvage to the Company.

Description of property damaged or lost	Date of Purchase	Original Cost Price €	Present Day Cost of Replacement €	Deduction for Wear, Tear or Depreciation €	Amount Claimed €
Total					

TO BE COMPLETED FOR THEFT OR LOSS ONLY

Certification for completion by An Garda Siochana

Address ..... Date .....

Division ..... District .....

This is to certify that (name) .....

of (address) .....
reported to this station on the undernoted date the loss/larceny of property as itemised, valued as estimated above.

Date reported ..... The interest of Allianz p.l.c. has been noted.

Signed: .....
(Garda)

STAMP

I/We declare that the foregoing statements are true to the best of my/our knowledge and belief, that the articles and property described on the above Schedule were damaged/lost under the circumstances described and that such articles and property belong to the persons named, no other person having any interest therein.

Signature of Policyholder

Date