

Pupil Personal Accident Report Form

Religious/Education Claims

BEFORE COMPLETING THIS FORM, PLEASE SEE INSTRUCTIONS BELOW. **PLEASE USE BLOCK CAPITALS.**

Instructions

1. The Pupil Personal Accident Policy only provides cover for medical and/or dental costs incurred as a result of an accident as defined by the policy, where no other cover is in force, such as private health cover or medical card scheme.
2. This form should be completed, signed and dated by both the parent/guardian and the school principal.
3. The completed form should be returned to Allianz as soon as possible after the accident has occurred.
4. Please only attach original invoices/bills as we cannot pay your claim if you submit photocopy invoices/bills.
5. Note: Any claim will be handled in line with the cover granted by your policy.
6. Please ensure Section 8 Payment Details is completed in full.

1. School details

Policyholder's name: _____

Address: _____

Email address: _____

Telephone number: _____

Policy number: _____

Is the injured pupil covered for school activities or 24 hour cover?: School activities ☐ 24 hour cover ☐

2. Injured pupil and parent's/guardian's details

Pupil's name: _____

Age at time of incident: _____

Class name/year: _____

Parent's/guardian's name: _____

Parent's/guardian's address: _____

Parent's/guardian's telephone number: _____

3. Accident circumstances and related particulars (to be completed by the school principal or parent/guardian as appropriate)

Date and time of accident: ____/____/____ ____ am/pm

Please describe fully the location, circumstances and nature of the accident:

Please describe fully the nature and extent of the injuries suffered by the injured pupil:

Does the injured pupil suffer from a pre-existing physical defect, infirmity or medical condition?: Yes ☐ No ☐

If 'Yes' give details:

Name and address of doctor/dentist attending injured pupil:

Is the injured pupil the beneficiary of private healthcare insurance (e.g. VHI, Laya Healthcare, Irish Life Health, etc) or medical card cover? Yes ☐ No ☐

If 'Yes' please state the amount recoverable from the above source: €

Have the injuries described prevented attendance at school?: Yes ☐ No ☐

If 'Yes' between what dates: from: / / to: / /

4. Medical certificate (if claim relates to dental please include full treatment plan form with this claim form)

To be completed by the doctor/dentist attending the injured pupil at the sole expense of the claimant. The cost of providing this certificate is not covered under this policy.

Name of patient:

Age of patient: Date of your first attendance on patient: / /

Are you still treating the patient?: Yes ☐ No ☐

Full details of injuries suffered:

Are they consistent with the description of the accident as stated in section 4.?: Yes ☐ No ☐

What treatment did you undertake/recommend to the patient?

Is the injury wholly due to the accident?: Yes ☐ No ☐

Please state date of return to school: / /

Has the patient been confined to bed or house on your instruction? Yes ☐ No ☐

If 'Yes' between what dates: From: / / To: / /

If injury is continuing, please state the probable further duration of such total injury from this date:

If the patient has recovered please state date of recovery: / /

Signature of medical/dental practitioner  Date: / /

Address:

Qualification:

Data Protection – How we use your information

YOUR CONSENT By providing your information, you consent(ed) to the use of your information as outlined below. This includes specific / explicit consent for sensitive information such as medical or conviction details.

USE & DISCLOSURE Allianz and your insurance intermediary (where applicable) will use your personal information, including sensitive data, for insurance administration purposes such as providing a quotation, underwriting a policy and handling a claim. We may use and share your personal data to check information provided, and to prevent fraud. These checks may be carried out at any stage, including quotation, mid-term, renewal and claims stage.

We may share your details with or seek information from a number of external parties such as:

- your Intermediary & anyone authorised by you to act on your behalf,
- other insurance companies,
- publicly available information,
- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie),
- the Integrated Information Data System ('IIDS') to verify information including penalty points and No Claims Discount (NCD),
- Loss Adjusters, repairers and other claims handling agents, medical practitioners,
- the Motor Insurers' Bureau of Ireland (MIBI),
- Private Investigators when we need to further investigate certain claims,
- Vehicle history check suppliers/ databases,
- other fraud prevention and ID verification databases available in the insurance industry.

We may also use and share your information for customer satisfaction surveys, statistical analysis and similar purposes.

Personal data may be transferred outside the European Economic Area (EEA) for payment card administration, subject to and in accordance with Data Protection Laws and using appropriate security measures.

REPRESENTATION If you provide information about someone else, such as an additional insured, you must have obtained this person's consent and have made them aware of the terms of this insurance. For motor insurance, you must also have obtained the additional insured's consent to allow us to verify their information via the IIDS.

UP-TO-DATE INFORMATION In order for us to keep your information up to date, please contact Allianz or your insurance intermediary if any of your details change.

ACCESS You have the right to request a copy of your personal data held by Allianz and your insurance intermediary (where applicable). This will be subject to payment of an appropriate fee.

RETENTION We will retain your personal information in line with our Record Management Policy.

CALL RECORDING Calls may be recorded or monitored for regulatory, training and quality purposes.

5. Declaration

I/we hereby certify that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured party.

Signature of parent/guardian:  _____ Date  ____/____/____

6. Membership confirmation

I confirm that the above named pupil is a member of our Group Pupil Personal Accident cover.

Signature of school principal:  _____ Date  ____/____/____

7. Please complete the following sheet in all cases:

Date of invoice	Invoice provider	Amount of invoice	Amount being claimed
		Total amount being claimed €	

8. Payment details (payment will be sent to this account unless otherwise requested)

[illegible]

Account holder's name:

[illegible]

Please return completed form to:

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

Telephone: (01) 613 3559

Fax: (01) 613 4444

Email: motordamage@allianz.ie

Website: www.allianz.ie