

# Pupil Personal Accident Report Form

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.
7. Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral.

### 1. School details – This section must be completed by the school principal.

Policyholder's name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Policy number: \_\_\_\_\_

School roll number: \_\_\_\_\_

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

### 2. Injured pupil and parents/guardians details

Pupil's name: \_\_\_\_\_

Age at time of incident: \_\_\_\_\_

Class name/year: \_\_\_\_\_

Parents/guardians name: \_\_\_\_\_

Parents/guardians address: \_\_\_\_\_  
 \_\_\_\_\_

Parents/guardians 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the injured pupil have Private Healthcare Insurance (e.g VHI, Laya Healthcare, Aviva Healthcare, etc) or Medical Card cover? Yes  No

Please identify the insurer: \_\_\_\_\_

Have you put them on notice of this claim? Yes  No

If 'YES' please state the amount recovered to date, if any, from the above source: € \_\_\_\_\_

Are you entitled to recover any amount from them? Yes  No

If 'No', why not? \_\_\_\_\_

Please state the amount you are seeking to recover from Allianz: € \_\_\_\_\_

Have the injuries described prevented attendance at school? Yes  No

If 'YES' between what dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The Medical Certificate details below need only be completed by a registered medical/dental practitioner if the claim exceeds €1,000 in value**

**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 **X** \_\_\_\_\_ 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](http://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.

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## 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. I/we hereby declare that I am/we are the parent/guardian acting on behalf of the Pupil named in Section 2 of this form.

Signature of parent/guardian:  \_\_\_\_\_ Date  \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 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: *(Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral).*

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)**

IBAN Code:

Account holder's name:

Bank branch address:

**Please return completed form to:**

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

Telephone: (01) 613 3559  
Fax: (01) 613 4491  
Email: [rpaclaims@allianz.ie](mailto:rpaclaims@allianz.ie)  
Website: [www.allianz.ie](http://www.allianz.ie)