

# PUPIL PROTECTOR PERSONAL ACCIDENT CLAIM FORM

Please complete this form fully and return. It with any supporting invoices or bills.



## 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. The completed form should be returned to AIG as soon as possible after the accident has occurred.
3. Note: Any claim will be handled in line with the cover granted by your policy.
4. Please ensure Section 7 Payment Details is completed in full.
5. Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral.

## AIG EUROPE S.A.

30 North Wall Quay  
International Financial Services Centre  
Dublin 1  
Tel: +353 1 2081 400  
Fax: +353 1 283 7773  
E-Mail: pupilprotectorclaims.ie@aig.com

### 1. SCHOOL

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_  
Principal \_\_\_\_\_

### 2. CLAIMANT

Parent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
Pupil Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Class \_\_\_\_\_  
Cover 24 Hour  School Activities only

### 3. PARTICULARS OF ACCIDENT

Date and time of accident  /  /  Time \_\_\_\_\_: \_\_\_\_\_  AM  
 PM  
Place accident occurred \_\_\_\_\_  
How did accident occur and what was the pupil doing at the time?  
(GIVE EXACT DETAILS)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. WITNESSES

Names, occupations and addresses of witnesses of the accident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was the accident attended/investigated by the Gardai? YES  NO   
Name and station of investigating Garda  
\_\_\_\_\_

### 5. INJURIES SUSTAINED

State fully the nature and extent of injuries  
\_\_\_\_\_  
Have they ever suffered similar injuries and is this related in any way? YES  NO   
Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 6. MEDICAL DETAILS

Were they taken to hospital YES  NO   
Which hospital \_\_\_\_\_  
As an in patient \_\_\_\_\_ or an out patient \_\_\_\_\_  
from  /  /  to  /  /   
Give name and address of medical practitioner or dentist who treated the Pupil  
\_\_\_\_\_  
\_\_\_\_\_  
Is the doctor/dentist their usual practitioner YES  NO   
How long have they been totally disabled from attending school as a result of the injuries  
Totally: from  /  /  to  /  /

### 7. OTHER INSURER

Please confirm if you hold private health insurance – YES  NO   
If YES please note any costs must be claimed from your private health insurance and any shortfall can be considered by the pupil protector policy.  
Please confirm name of company and plan  
\_\_\_\_\_  
Settlement is made via bank transfer – please supply  
Payee Name \_\_\_\_\_  
Name and address of bank \_\_\_\_\_  
IBAN \_\_\_\_\_  
BIC \_\_\_\_\_

I hereby declare the foregoing particulars to be true in every respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal / Parent (delete as appropriate)

### MEDICAL AUTHORISATION

On production of this Authorisation, or a photocopy thereof, I authorise you to furnish AIG Europe S.A. with full reports on the condition of

\_\_\_\_\_ including the history of the complaint(s) which caused the above named to be admitted to hospital or treated by a Doctor/Dentist on

Signature of Parent \_\_\_\_\_

Dated \_\_\_\_\_

**NOTE** This authorisation should only be signed by a parent  
AIG Europe S.A. is classified as a 'Data Controller'. Please see overleaf.



# MEDICAL CERTIFICATE

To be completed by the attending Doctor/Dentist and supplied at the expense of the claimant if medical or dental expenses are likely to exceed €250.

1.

Name of claimant \_\_\_\_\_

2.

When did the pupil / parent first consult you in connection with this accident? \_\_\_\_\_

Please state fully the nature of the injuries sustained \_\_\_\_\_

Are the symptoms being suffered due to the accident alone? \_\_\_\_\_

3.

How long has the pupil been totally or partially disabled from attending school as a result solely of the injuries?

Totally: From \_\_\_\_\_ To \_\_\_\_\_ Partially: From \_\_\_\_\_ To \_\_\_\_\_

Is the pupil suffering from any condition in addition to the present injuries, or has he/she any pre existing medical condition that is contributing to this condition?

If so, state the nature of same, and to what extent the recovery may be affected

4.

General Remarks \_\_\_\_\_

AIG Europe S.A. is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at [www.aig.ie](http://www.aig.ie), by e-mailing [postmaster.ie@aig.com](mailto:postmaster.ie@aig.com) or by writing to the Data Protection Officer at AIG Europe S.A., Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

I certify that to the best of my belief the above met with the accident referred to, and that the foregoing statements are correct.

Signature \_\_\_\_\_ Qualification \_\_\_\_\_

Address \_\_\_\_\_ Date / /