

PA - Student Accident Expense Form



Important note: Please make sure that the information you give is as clear and complete as possible.
You must enclose estimates/valuations/original receipts with this claim form.
Please complete in BLOCK CAPITALS or on-line save and print.

1. Policyholder Details

Name: Telephone No:
Policy No:

2. Accident Details

Location:
Date: Time:

3. Injured Person Details

Name:
Address:
Eircode:
Email:
Date of birth:

Nature of injury:

Did injured person require medical treatment: Yes No

Are injuries ongoing: Yes No

If 'Yes', please give further details:

If 'Yes', state the name and address of the doctor/hospital:

Please confirm their Health Insurance provider: Policy Scheme/Plan:

Do you have other Personal Accident Policies with any other Insurer? Yes No

If 'Yes', please provide full company name:

4. Accident Details

This should include the nature of the activity in which the injured person was engaged when the accident occurred:

Name and phone number of the person to whom the accident was first reported:

Date:

By whom:

Has any claim been made against the policyholder : Yes No Date:

If 'Yes', please give details:

5. Data Protection Notice

IPB Insurance (IPB) is committed to protecting your personal information. IPB Insurance is a data controller and is required to comply with the Data Protection Acts 1988 – 2018 and the General Data Protection Regulation. The information that you provide ('data') will be used for the administration of your policy and/or any claims made on the policy. Data is at all times treated as confidential and the appropriate measures are taken to ensure it is secure. A copy of our Data Protection Notice can be found on our website www.ipb.ie. The notice explains why we collect and use your data, who we share your data with, your data protection rights, how long we retain your data for, where your data is located and what to do if you have any data protection complaints. If you would like to receive a copy of the Data Protection Notice you can email dpo@ipb.ie or write to IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820.

6. Declaration

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief

Signature:

Date:

Please return completed form to:

The Claims Department

IPB Insurance

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: claims@ipb.ie Web: www.ipb.ie



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