## **ETB Accident Report Form**



Important note: This form should be completed by a teacher/administrator in the ETB and not the injured person. If the accident was caused by a piece of equipment, please retain for inspection should the need arise.

Please make sure that the information you give is as clear and complete as possible. Please complete in BLOCK CAPITALS or on-line save and print.

1. Policyholder Details			
Name of ETB:			
Policy No:			
2. Accident Details			
Location:			
GPS Co-ordinates: Latitude	Longitude (decimal degrees)		
Date:	Time:		
3. Injured Person Details			
Name:			
Address:			
Age: Nature of Injury:			
Nature of figury.			
Did injured person require medical treatmen	st. Vas Na Arainiurias angaing. Vas Na		
Did injured person require medical treatmen If 'Yes', please give further details:	nt: Yes No Are injuries ongoing: Yes No		
If 'Yes', state the name and address of the d	octor/hospital:		
4. Details of Teacher in ch	arge of Injured Person		
Name:			
Address:			
Muuless.			
Position <sup>.</sup>			

5. Accident Details		
This should include the nature of the activity in which t the teacher was present.	he injured person was engaged when	the accident occurred and whether
Names and Addresses of any witness(es):		
Witness 1	Witness 1	Witness 1
Name:		
Address:		
Name of the person to whom the accident was first rep	orted:	
Date: By whom:		
Has any claim been made against the ETB: Yes	No Date:	
f 'Yes', please give details:		

IPB Insurance is classified as a Data Controller under Irish Data Protection Legislation. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. This may involve exchanging information with Insurance Link, the anti-fraud claims database run by the Irish Insurance Federation. In certain cases we may also share your information with other insurance providers and private investigators.

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 of Teacher/Administrator: Date:

Date: Signature of Principal/ Vice Principal:

Please return completed form to:



**IPB** Insurance

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