Northern Ireland Personal Accident Claim 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.

Claim No:

1. Policyholder and Claimant Details

Policyholder Name: Policy No:

Claimant Name & Address: (including postcode)

Claimant Telephone No: Home: Mobile:

Email:

Date of Birth:

Occupation:

At time of accident, were you employed elsewhere? Yes ☐ No ☐

If yes, please provide full company name and occupation:

2. General Details

Name and Address of attending Doctor:

Note: Please ensure that the Medical Certificate overleaf is completed by this Doctor.

Is he/she your usual Medical Attendant? Yes ☐ No ☐

If 'No', please provide the name and address: of your usual Doctor:

Please state your 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:

How long have you been:

(a) wholly unable to attend to any portion of your profession or occupation? Date: from to

(b) able to attend only partly to your profession or occupation? Date: from to

3. Accident Details

Location:

Date: Time:

Please describe exactly what happened:

What injuries have you sustained?

3. Accident Details (continued)

Have you previously suffered from similar injuries? Yes ☐ No ☐

If 'Yes', please give details:

Names and Addresses of any witness(es):

4. Medical Certificate (to be completed by attending Doctor)

This is to certify that Mr/Mrs/Miss/Ms:

is suffering from:

and will be unfit to resume work until:

Disablement from attending to usual business or occupation commenced on:

Total disablement occurs when the Insured is wholly prevented from attending to his/her business or occupation whereas partial disablement shall mean disablement from a substantial part of the Insured person's usual occupation.

If a date of return to work can be given, please complete the following:

Temporary total disablement: from to

Temporary partial disablement: from to

Is surgical intervention necessary or likely to be so? Yes ☐ No ☐

Is claimant confined to bed or house? Yes ☐ No ☐

On the basis of your existing knowledge and without undertaking any further examinations, is it your opinion that the disablement indicated above is solely attributable to the specified injury sustained? If not, please state below any contributing factors and the extent to which disablement is or has been thereby affected:

Signature:

Qualification:

Official Stamp

Date:

Note for Doctors:
Any fee for this certificate is to be paid by the patient.

Notes for Policyholders: Any fee for the medical certificate is payable by the claimant. Further medical certificates are required at regular intervals during periods of disablement. Interim payments of benefits are normally made on request subject to satisfactory medical evidence. The claimant may be required to submit to medical examination on behalf of and at the expense of IPB Insurance in connection with any claim.

5. Declaration

IPB Insurance is registered as a data controller with the Office of the Data Protection Commissioner Ireland and the Information Commissioners Office UK. IPB Insurance is required to comply with the Data Protection Acts 1988 (as amended by the Data Protection Act 2003) (Ireland), the Data Protection Act 1998 (UK), the Privacy and Electronic Communications Regulations 2003 (UK) and the Data Protection Code of Practice for the Insurance Sector in Ireland. Further information can be obtained at www.dataprotection.ie or www.ico.org.uk. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process and administer 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 the Claims and Underwriting Exchange (CUE) which is maintained by insurance companies under the aegis of Insurance Database Services Limited. In certain cases we may also share your information with other insurance providers/ intermediaries, regulatory bodies and private investigators. We may also need to obtain and hold personal sensitive information (e.g. information relating to your health or any relevant convictions) in order to administer this claim. By signing this form, I consent to the processing of the information provided for the purposes of administering this claim and for fraud prevention purposes.

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 and any estimates/valuations/original receipts 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

Reg. No. 7532 Republic of Ireland.
IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.
For business in the UK, IPB Insurance is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority.