

# ETB Accident Report Form

(ETB ACC 05 2018)



**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:

Telephone No:

Policy No:

## 2. Accident Details

Location:

GPS Co-ordinates:

Latitude

Longitude

(decimal degrees)

Date:

Time:

## 3. Injured Person Details

Name:

Address:

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:

## 4. Details of Teacher in charge of Injured Person

Name:

Address:

Position:

## 5. Accident Details

This should include the nature of the activity in which the injured person was engaged when the accident occurred and whether the teacher was present.

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 reported:

Date:

By whom:

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

If 'Yes', please give details:

## 6. 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](http://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](mailto:dpo@ipb.ie) or write to IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820.

## 7. 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 of Teacher/Administrator:

Date:

Signature of Principal/ Vice Principal:

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](mailto:claims@ipb.ie) Web: [www.ipb.ie](http://www.ipb.ie)

Reg. No. 7532 Republic of Ireland.

IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.

