

# Employee PA Claim Form

EMP PA 2018



Important note: 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.

Claim No:

## SECTION 1: GENERAL DETAILS

### 1. General Details

Policyholder Name:  Policy No:

Address:

Contact No:

Email:

### 2. Claimant Details

Name:

Address:

Contact number:

Email Address:

Date of Birth:

Name of Attending Doctor:

Is this your usual medical attendant: Yes  No

If No Please provide details of your usual medical attendant:

Occupation

Do you have a Private Health Insurance Policy? Yes  No

If yes please provide the policy scheme/ plan name and provider:

Policy Scheme/Plan:

Please complete to allow benefit payments to be made via EFT

Name on Bank Account Beneficiary or Client Account

Name of Branch

IBAN

## SECTION 2: DISABILITY BENEFIT

**Notes for Claimants:** 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.

To be Used as a Supplementary Certificate.

### 1. Medical Certificate (to be completed by the Claimant)

Please describe in as much detail as possible your regular day to day duties

What injuries have you sustained?

Have you previously suffered from similar injuries?

Yes  No

If 'Yes', please give details

What duties are you unable to undertake as a result of the injuries sustained

### 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

### 2. Medical Certificate (to be completed by attending Doctor)

This is to certify that:

Sustained the following Injuries:

And is unable to attend to all duties noted above  
(Temporary Total Disablement):

from

to

And is unable to attend to some but not all duties  
noted above (Temporary Partial Disablement):

from

to

Date of last attendance:

Is surgical intervention necessary or likely to be so?

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?

Yes  No

If not, please state below any contributing factors and the extent to which disablement is or has been thereby affected:

Signature:

Qualification:

Print Name:

## SECTION 3: MEDICAL EXPENSES

### Receipts / Invoices must be provided in support of claim for Medical Expenses

Please provide a breakdown of medical expenses sought:

Services of a doctor or consultant:	€	<input type="text"/>
Diagnostic procedures (X-Ray, etc):	€	<input type="text"/>
Physiotherapy or similar treatment:	€	<input type="text"/>
Expenses incurred on any medical, surgical or nursing appliance:	€	<input type="text"/>
Prescriptions:	€	<input type="text"/>
In- Patient treatment:	€	<input type="text"/>
Other Expenses (Provide brief details below)	€	<input type="text"/>
<input type="text"/>	€	<input type="text"/>
<b>Total</b>	€	<input type="text"/>

### 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](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.

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.