

Fire Fighter PA Claim Form

FF PA 102018

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. Policyholder Details

Policyholder Name: Policy No:

Address:

Contact No:

2. Claimant Details

Name:

Address:

Contact number:

Email Address:

Date of Birth: Retained Firefighter Full Time firefighter

If Retained are you employed elsewhere Yes No

If Yes, please provide details

Name of Attending Doctor:

Is this your usual medical attendant: Yes No

If No Please provide details of your usual medical attendant:

Do you have a Private Health Insurance Policy? Yes No

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

Policy Scheme/Plan:

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

If 'Yes', please provide full company name

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 Firefighter)

In relation to your alternative employment (retained firefighter only), please describe in as much detail as possible your day to day duties

What injuries have you sustained?

Have you previously suffered from similar injuries?

Yes No

If 'Yes', please give details

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 Doctor)

This is to certify that:

Sustained the following Injuries:

And is unable to attend firefighting duties and if applicable, all duties noted above'

from

to

And can only attend to some Firefighting duties (Full Time only):

from

to

And is unable to attend all firefighting duties but can attend to all or majority of duties noted above:

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"/>
Total	€	<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 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.