

Student Personal Accident Expense Form



Important note: Please make sure that the information you give is as clear and complete as possible.

You must enclose copy receipts with this claim form.

All sections of the claim form need to be completed.

Please complete in BLOCK CAPITALS or on-line save and print.

Please note this form must be stamped by your school before sending to IPB Claims Department.

1. Policyholder

Policyholder Name:

Telephone No:

Policy No:

Name of School

Address

Telephone No

Email Address

2. Injured Student Details and parent/guardian details

Student's Name:

Address:

Eircode:

Age at time of incident:

Parent/Guardian name:

Parent/guardian email address:

Location of accident:

Date of accident:

Time of accident:

Nature of injury:

Did injured student require medical treatment? Yes No Total cost of Medical Expenses €

Are injuries ongoing? Yes No

If 'Yes', please give further details:

If 'Yes', state the name and address of the doctor/hospital:

3. Accident Details

This should include the nature of the activity in which the injured student was engaged when the accident occurred:

Name and phone number of the person to whom the accident was first reported:

Date:

By whom:

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

If 'Yes', please give details:

:

4. Health Insurance Details

Please confirm their 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:

5. Payment details (payment will be sent to this account unless otherwise requested)

Please state the amount you are seeking to recover from IPB €

Please complete to allow benefit payments to be made via EFT

Name on Bank Account:

Name of Branch:

Branch Address:

IBAN:

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. 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 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:

Date:

Signature may be typed if form is completed online

How to make a Claim

If the claim form has not been stamped, please return it to your school for validation.

If the claim form has already been stamped by your school, you can forward it directly to the IPB Claims Department.

WE WILL BE UNABLE TO PROCESS CLAIMS UNLESS THE CLAIM FORM IS STAMPED BY THE SCHOOL.

Email: claims@ipb.ie

IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: 01 6395500