

**AIG EUROPE LIMITED**

30 North Wall Quay, International Financial Services Centre, Dublin 1.  
 Tel: +353 1 208 1400 Fax: +353 1 283 7773  
 E-Mail: pupilprotectorclaims.ie@aig.com

## PUPIL PROTECTOR PERSONAL ACCIDENT CLAIM FORM



Please complete this form fully and return it with any supporting invoices or bills.

**1. SCHOOL**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_  
 Principal \_\_\_\_\_

**2. CLAIMANT**

Parent \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
 Pupil Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Class \_\_\_\_\_  
 Cover 24 Hour  School Activities only

**3. PARTICULARS OF ACCIDENT**

Date and time of accident  /  /  Time \_\_\_\_\_:\_\_\_\_\_  AM  PM  
 Place accident occurred \_\_\_\_\_  
**How did accident occur and what was the pupil doing at the time?**  
 (GIVE EXACT DETAILS)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. WITNESSES**

Names, occupations and addresses of witnesses of the accident  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Was the accident attended/investigated by the Gardaí? YES  NO   
 Name and station of investigating Garda  
 \_\_\_\_\_

**5. INJURIES SUSTAINED**

State fully the nature and extent of injuries  
 Have they ever suffered similar injuries and is this related in any way? YES  NO   
 Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. MEDICAL DETAILS**

Were they taken to hospital YES  NO   
 Which hospital \_\_\_\_\_  
 As an in patient \_\_\_\_\_ or an out patient \_\_\_\_\_  
 from  /  /  to  /  /   
 Give name and address of medical practitioner or dentist who treated the Pupil  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is the doctor/dentist their usual practitioner YES  NO   
 How long have they been totally disabled from attending school as a result of the injuries  
 Totally: from  /  /  to  /  /

**7. OTHER INSURER**

Are you claiming or entitled to claim compensation for the accident from any other source such as VHI, Laya Healthcare, Aviva Healthcare, Glo Health or medical card  
 YES  NO   
 If so give particulars (including amounts recovered to date) \_\_\_\_\_  
 \_\_\_\_\_  
 Is a claim being pursued against a Third Party who caused the accident  
 YES  NO   
 Details \_\_\_\_\_

I hereby declare the foregoing particulars to be true in every respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Principal / Parent (delete as appropriate)

**MEDICAL AUTHORISATION**

On production of this Authorisation, or a photocopy thereof, I authorise you to furnish AIG Europe Limited with full reports on the condition of

\_\_\_\_\_ including the history of the complaint(s) which caused the above named to be admitted to hospital or treated by a Doctor/Dentist on

Signature of Parent \_\_\_\_\_

Dated \_\_\_\_\_

**NOTE** This authorisation should only be signed by a parent  
 AIG Europe Limited is classified as a 'Data Controller'. Please see overleaf.

# MEDICAL CERTIFICATE

To be completed by the attending Doctor/Dentist and supplied at the expense of the claimant if medical or dental expenses are likely to exceed €250.

**1.**

Name of claimant \_\_\_\_\_

**2.**

When did the pupil / parent first consult you in connection with this accident? \_\_\_\_\_

Please state fully the nature of the injuries sustained \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are the symptoms being suffered due to the accident alone? \_\_\_\_\_

**3.**

How long has the pupil been totally or partially disabled from attending school as a result solely of the injuries?

Totally: From \_\_\_\_\_ To \_\_\_\_\_ Partially: From \_\_\_\_\_ To \_\_\_\_\_

Is the pupil suffering from any condition in addition to the present injuries, or has he/she any pre existing medical condition that is contributing to this condition?

\_\_\_\_\_

If so, state the nature of same, and to what extent the recovery may be affected

\_\_\_\_\_

**4.**

General Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AIG Europe Limited is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at [www.aig.ie](http://www.aig.ie), by e-mailing [postmaster.ie@aig.com](mailto:postmaster.ie@aig.com) or by writing to the Data Protection Officer at AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

I certify that to the best of my belief the above met with the accident referred to, and that the foregoing statements are **correct**

**Signature** \_\_\_\_\_ **Qualification** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date** / /