

Pupil Personal Accident Report Form

Education Claims

BEFORE COMPLETING THIS FORM, PLEASE SEE INSTRUCTIONS BELOW. **PLEASE USE BLOCK CAPITALS.**

Instructions

1. The Pupil Personal Accident Policy only provides cover for medical and/or dental costs incurred as a result of an accident as defined by the policy, **where no other cover is in force**, such as private health cover or medical card scheme.
2. This form should be completed, signed and dated by both the parent/guardian and the school principal.
3. The completed form should be returned to Allianz as soon as possible after the accident has occurred.
4. Please only attach original invoices/bills as we cannot pay your claim if you submit photocopy invoices/bills.
5. Note: Any claim will be handled in line with the cover granted by your policy.
6. Please ensure Section 8 Payment Details is completed in full.
7. Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral.

1. School details – This section must be completed by the school principal.

Policyholder's name: _____

Address: _____

Email address: _____

Telephone number: _____

Policy number: _____

School roll number: _____

Is the injured pupil covered for school activities or 24 hour cover? School activities 24 hour cover

2. Injured pupil and parent's/guardian's details

Pupil's name: _____

Age at time of incident: _____

Class name/year: _____

Parent's/guardian's name: _____

Parent's/guardian's address: _____

Parent's/guardian's telephone number: _____

3. Accident circumstances and related particulars (to be completed by the school principal or parent/guardian as appropriate)

Date and time of accident: _____ / _____ / _____ _____ am/pm

Please describe fully the location, circumstances and nature of the accident:

Please describe fully the nature and extent of the injuries suffered by the injured pupil:

Does the injured pupil suffer from a pre-existing physical defect, infirmity or medical condition? Yes No

If 'Yes' give details:

Name and address of doctor/dentist attending injured pupil:

Does the injured pupil have Private Healthcare Insurance (e.g VHI, Laya Healthcare, Aviva Healthcare, etc) or Medical Card cover? Yes No

Please identify the insurer: _____

Have you put them on notice of this claim? Yes No

If 'YES' please state the amount recovered to date, if any, from the above source: € _____

Are you entitled to recover any amount from them? Yes No

If 'No', why not? _____

Please state the amount you are seeking to recover from Allianz: € _____

Have the injuries described prevented attendance at school? Yes No

If 'YES' between what dates: From: ____/____/____ To: ____/____/____

The Medical Certificate details below need only be completed by a registered medical/dental practitioner if the claim exceeds €1,000 in value

4. Medical certificate (if claim relates to dental please include full treatment plan form with this claim form)

To be completed by the doctor/dentist attending the injured pupil at the sole expense of the claimant. The cost of providing this certificate is not covered under this policy.

Name of patient: _____

Age of patient: ____ Date of your first attendance on patient: ____/____/____

Are you still treating the patient? Yes No

Full details of injuries suffered:

Are they consistent with the description of the accident as stated in section 4? Yes No

What treatment did you undertake/recommend to the patient?

Is the injury wholly due to the accident? Yes No

Please state date of return to school: ____/____/____

Has the patient been confined to bed or house on your instruction? Yes No

If 'Yes' between what dates: From: ____/____/____ To: ____/____/____

If injury is continuing, please state the probable further duration of such total injury from this date: _____

If the patient has recovered please state date of recovery: ____/____/____

Signature of medical/dental practitioner **X** _____ Date: ____/____/____

Address: _____

Qualification: _____

Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data *for the performance of the contract or to take steps prior to entering into the contract of insurance*.

The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud,
 - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
 - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
 - private investigators when we need to further investigate certain claims,
 - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
 - other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
 - An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
 - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
 - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

Automated decision making

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Direct Marketing

If your chosen preference is to receive marketing, we may contact you by email, SMS, phone or post with helpful information on products, services, special offers and competitions. If you no longer wish your information to be used for marketing purposes please write to us at Allianz Plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6 or e-mail us at info@allianz.ie

5. Declaration

I/we hereby certify that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured party. I/we hereby declare that I am/we are the parent/guardian acting on behalf of the Pupil named in Section 2 of this form.

Signature of parent/guardian:  _____ Date  ____/____/____

6. Membership confirmation

I confirm that the above named pupil is a member of our Group Pupil Personal Accident cover.

Signature of school principal:  _____ Date  ____/____/____

7. Please complete the following sheet in all cases: *(Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral).*

Date of invoice	Invoice provider	Amount of invoice	Amount being claimed
		Total amount being claimed €	

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

IBAN Code: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Account holder's name: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Bank branch address: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|
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Please return completed form to:

Allianz p.l.c.
Allianz House
Elmpark
Merrion Road
Dublin 4

Telephone: (01) 613 3559
Fax: (01) 613 4491
Email: rpaclaims@allianz.ie
Website: www.allianz.ie