PLEASE COMPLETE ALL QUESTIONS TO AVOID CLAIM FORM BEING RETURNED

Pupil/Staff Personal Accident Report Form

Brennan Insurances

Please complete this form fully and return it to Brennan Insurances as soon as possible. Please note that the issue of this form is not an admission of liability on the part of Brennan Insurances or LAMP Insurance Company and that all claims are subject to Policy terms and conditions.

Important: Please only attach original itemised invoices/bills as we cannot pay your claim if you submit photocopy invoices/bills. Please retain copies for your own records

OFFICE USE ONLY
Our Ref:
Cover: 24 hr. ☐ S.R.A. ☐

1. School

School Name:

School Address:

School E-mail Address:

School Telephone Number:

Certificate Number: Available from the school (this must be quoted)

2. Name of Injured Pupil or Staff Member

Name (Injured Person):

Address:

Class Name/Year: Date of Birth: / /

If the Injured person is under 18 years of age, please complete the following:

Contact Telephone Number: Home Mobile

Contact Email Address:

If you do not wish to receive claim communication by email please tick this box: ☐

Both Parents/Guardian names should also be clearly stated:

3. Accident Circumstances and Related Particulars (to be completed by the School Principal/Parent or Staff Member as appropriate)

a) Date and time of accident: / / am/pm

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

(Note: If a sporting injury, please confirm whether representing the school, a club or neither)

c) Please describe fully the nature and extent of the injuries suffered by the injured person:

d) Does the injured pupil or staff member suffer from a pre-existing physical defect, infirmity or medical condition?: Yes ☐ No ☐
If 'YES' give details:

e) Name and Address of Doctor/Dentist attending injured person:

f) Is the injured pupil or staff member the beneficiary of Private Healthcare Insurance (e.g. VHI, Laya Healthcare, Aviva Health, etc.) or Medical Card cover? Yes ☐ No ☐
Please identify the insurer:

g) Is the injured pupil or staff member the beneficiary of any other Insurance (e.g. via a Sports Club or Youth Club etc.) Yes ☐ No ☐
Please identify the insurer:

h) 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(s): € ______

i) Are you entitled to recover any amount from Private Healthcare Insurance, Medical Card or other insurance? Yes ☐ No ☐

If 'No', why not? ______

j) Please state the amount you are seeking to recover from LAMP Insurance Company, the underwriters of this policy: € ______

k) Have the injuries described prevented attendance at school?: Yes ☐ No ☐

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

l) Is the treatment complete? Yes ☐ No ☐

If 'No', please outline the nature of the treatment proposed and the anticipated completion date?

______

4. Dental Injuries

If you are making a claim for ongoing dental injuries please state the nature of the treatment which will be required:

______

______

Data Protection – How we use your information

YOUR CONSENT. By providing your information, you consent(ed) to the use of your information as outlined below. This includes specific / explicit consent for sensitive information such as medical or conviction details.

Please note that when processing your claim, Brennan Insurances may deem it appropriate to obtain medical expert advice. By your signature you also signify your consent to Brennan Insurances sharing your information with independent medical professionals to obtain this medical expert advice and to the medical report compiled by the independent medical professionals being shared with LAMP Insurance Company.

USE & DISCLOSURE. We will use your personal information, including sensitive data, for insurance administration purposes such as providing a quotation, underwriting a policy and handling a claim. We may use and share your personal data to check information provided, and to prevent fraud. These checks may be carried out at any stage, including quotation, mid-term, renewal and claims stage.

We may share your details with or seek information from a number of external parties such as:

- your Intermediary & anyone authorised by you to act on your behalf,
- other insurance companies,
- publicly available information,
- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie),
- the Integrated Information Data System ('IIDS') to verify information including penalty points and NCD,
- Loss Adjusters, repairers and other claims handling agents, medical practitioners,
- the Motor Insurer's Bureau of Ireland (MIBI),
- Private Investigators when we need to further investigate certain claims,
- other fraud prevention and ID verification databases available in the insurance industry.

We may also use and share your information for customer satisfaction surveys, statistical analysis and similar purposes.

REPRESENTATION. If you provide information about someone else, such as an additional insured, you must have obtained this person's consent and have made them aware of the terms of this insurance. For motor insurance, you must also have obtained the additional insured's consent to allow us to verify their information via the IIDS.

UP-TO-DATE INFORMATION. In order for us to keep your information up to date, please contact LAMP Insurance Company or your insurance intermediary if any of your details change.

ACCESS. You have the right to request a copy of your personal data held by LAMP Insurance Company. This will be subject to payment of an appropriate fee.

CALL RECORDING. Calls may be recorded or monitored for regulatory, training and quality purposes.

5. Declaration/Discharge

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.

Signature of Parent/Guardian (or Insured Person, if an adult): ______ Date __ / __ / ____

Signature of School Principal/Staff Member: ______ Date __ / __ / ____

(Parent/Guardian/Insured Person (over 18 years) /must always sign. School Principal/Staff Member must also sign if the accident happened in school/school related activity)

6. Payee Declaration (To be completed by Parent/Guardian in the event that the payee is not the Parent/Guardian)

I/WE HEREBY CONFIRM that payment should be issued to: ______

Please state relationship of Payee to the Insured person: ______

Signature of Parent/Guardian: ______ Date __ / __ / ____

Before submitting form, please refer to question 7 on the attached page.

7. Notes

1. This form should be completed, signed and dated by Parent/Guardian and School Principal or Staff member (If applicable). It should be returned to Brennan Insurances, Construction House, Canal Road, Dublin 6 as soon as possible after the accident has occurred.
2. Please attach original itemised invoices / receipts in support of the amount claimed.
3. The Medical Certificate below should only be completed by a registered medical/dental practitioner if the claim may exceed €1,000 in value.
4. It is important to quote the Certificate Number on ALL correspondence

8. Medical Certificate (Only to be completed if the claim may exceed €1,000 in value)

To be completed at the sole expense of the claimant.

Name of Patient:

Age: Date of your first attendance on Patient: / /

Are you still in attendance on Patient?: Yes ☐ No ☐

Full details of injuries suffered:

Are they consistent with the description of the accident as stated overleaf?: Yes ☐ No ☐

Is the disability 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 disability is continuing, please state the probable further duration of such total disablement from this date:

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

Signature of Medical Practitioner: ______________________ Date / /

Address:

Qualification:

9. Invoices / Receipts

Please complete the following sheet in all cases:

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

Brennan Insurances, Construction House, Canal Road, Dublin 6.

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Website: www.pupilcover.ie

Registered in Ireland No. 327087

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LAMP Services Limited is authorised and regulated by the Financial Conduct Authority 435979