

AIG EUROPE LIMITED

30 North Wall Quay, International Financial
Services Centre, Dublin 1.
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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.

**SCHOOL**

Name **CRESCENT COLLEGE COMPREHENSIVE SJ**
Address **DOORADOYLE, LIMERICK**
Policy Number **MTF0158**
Phone No. **061 229655** E-mail info@crecentsj.com
Principal **Ms. Karin Fleming**

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. WITNESES

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, by e-mailing 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 ____ / ____ / ____

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