

SCHOOLS PERSONAL ACCIDENT CLAIM FORM

Certificate NoPeriod of Insurance.....
 Name of Insured Person in fullAge.....yrs
 AddressTel.No.....
 Claimants Name (Parent/Guardian/School)
 AddressTel.No.....
 Name of School.....Class.....
 Address

1 State when and where the accident took place. Time.....
 Date.....
 Place

2 State how it happened and what the student was doing at the time.
 (full particulars must be given)

3 State as precisely as you can what injuries the student has sustained.

4 Give the names and addresses of any witnesses to the accident.

5 Has the injured person been unable to attend school? If so please give dates.

6 If claiming medical expenses

a) State the total of such costs €

b) Enclose original invoices/receipts

c) Are such expenses recoverable from any other source? i.e. VHI etc. Yes/No

If Yes, give full details.

Note: If insured person is under 18 years of age then the following sections must be completed by a Parent/Guardian

DECLARATION

I hereby declare that the foregoing particulars are true in every aspect and hereby authorise the doctor to give the insurers any additional information required in connection with this claim.

SignedDate.....
 State relationship to Insured Person

DISCHARGE

I/We hereby agree to accept the claim in 6(a) above in full settlement and discharge of any claims that I / We may have against Scheme Underwriters in respect of the accident described above.

SignedDate.....

State relationship to Insured Person

Witness.....

Address.....

BRENNAN INSURANCES SCHOOL PERSONAL ACCIDENT SCHEME

CLAIMS HANDLING PROCEDURE

We aim to provide you with the best possible service in relation to your claim.

We understand that you would like the matter to be finalised as quickly as possible and it is our job to facilitate this. We would greatly appreciate your assistance by sending us any information or documentation we may require to bring the matter to an early conclusion. If you need clarification on what information we require or some other assistance please contact us. If we need further information or clarification to process your claim, we will let you know at the earliest opportunity.

The information you provide to us will be processed by us to confirm your identity and support your application for payment. It may be necessary to share this information with our service providers and with certain third parties, including other insurance providers and to cross-reference this information against insurance industry registries, which in turn may retain a record of your information.

In a situation where we need to engage the services of a loss adjuster or expert appraiser to assist in the settlement of the claim, contact information will be given to you. We believe that all advisers appointed by Brennan Insurances act in a professional, efficient and fair way. You can, if you wish retain your own qualified appraiser to advise you separately at your own cost.

If you are a customer we will keep you advised of relevant developments during the course of the claim, but if for any reason you require an immediate update, please contact us.

Remember that any claim paid under the policy may affect future insurance contracts of this type. For further information in this regard, please contact us.

In the event of a claim being declined details of our internal appeals procedure, a copy of which is available on request, is issued along with any written confirmation of the declinature.

Please note that for customer service, fraud detection, and training purposes, telephone calls may be recorded.