



2nd Floor, Block F2,
Eastpoint,
Dublin 3,
D03 T6P8

Tel 01 619 300 Fax 01 662 4639
Email ireland_claims@ecclesiastical.com
www.ecclesiastical.ie

PERSONAL ACCIDENT CLAIM FORM

(The issue of a claim form is not an admission of liability)

Claim number: ----- Notification Date: -----/-----/-----

Name of Insured (if different from the claimant) _____

Address _____

To be completed by the claimant/parent/guardian

Name of claimant _____ Present age _____

Address _____

Occupation (if more than one, state each) _____ Telephone no. _____

Name and address of doctor who attended you for the injury _____

Name and address of your usual medical attendant _____

From what date were you **totally** disabled/incapacitated from attending to your usual profession or occupation? _____

From what date were you **partially** disabled/incapacitated from attending to your usual profession or occupation? _____

If you are still disabled/incapacitated when do you expect to resume your usual profession or occupation? _____

Is your disablement/incapacity due solely to the injury? _____

Give details of any entitlement under any other insurance or benefit scheme _____

For a claim in respect of an accident please state

Date and time of accident _____

Where did it happen? _____

What were you doing? _____

How did it happen? _____

Name and address of person who saw it _____

Nature of injury _____

Have you suffered a similar injury before? _____ If so, when? _____

Continued over

WARNING – IT IS A CRIMINAL OFFENCE TO MAKE FRAUDULENT OR EXAGGERATED CLAIMS

I declare that the foregoing particulars are true and complete.

Signature of claimant _____ Date: _____

The medical certificate below must also be completed

Medical certificate

To be completed by a qualified and registered practitioner and provided at the expense of the claimant.

This is to certify that Mr./Mrs./Miss _____

is suffering from _____

and will / will probably (delete as necessary) be unfit to resume full work until _____

Disablement / incapacity from
engaging in or attending to usual profession or occupation commenced on _____

If a definite date of return to full work can be given
please complete the following:

Partial disablement/incapacity from _____ to _____

Total disablement/incapacity from _____ to _____

Total disablement/incapacity occurs when the claimant is wholly prevented from attending to his/her profession or occupation whereas partial disablement/incapacity implies that he/she has so far recovered as to be able to transact some portion of his/her profession or occupation.

On the basis of your existing knowledge and without undertaking any further examination is it your opinion that the disablement/incapacity indicated above is solely attributable to this specific injury? _____

If not, please state below any contributory factors and the extent to which disablement/incapacity is or has been thereby affected _____

Signature and qualification _____

Address _____

_____ Date _____

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Claims Handling Process

How we will manage your claim

We will assist you to make and resolve your claim quickly and fairly. We will handle your claim in line with the Central Bank of Ireland Consumer Protection Code. You can read this code at www.centralbank.ie. When you report a claim we will take the details and record them on our database. If we require a form to be completed, we will show you how to download this from our website or by post. You should provide the information and documents that we ask you for as quickly as possible. This helps us process your claim efficiently and keeps you compliant with Policy conditions.

Using service providers

We may use a Loss Adjuster, Expert Appraiser, Motor Assessor or Investigator to help us investigate and settle your claim. Such persons will act in the interest of Ecclesiastical Insurance. You may instruct a Loss Assessor, if you wish, to act on your behalf, at your own expense. We reserve the right to use our own suppliers or service providers for property insurance claims. If we agree to use an alternative supplier or service provider, the labour and material costs must be equivalent to that available from our own supplier or service provider.

The Motor Insurers Bureau of Ireland (MIBI)

If you have been involved in a motor accident with an uninsured, unidentified or foreign registered vehicle you may refer your claim to the MIBI (www.mibi.ie)

If you suffer a personal injury

We would like to deal directly with you to agree an amicable and fair settlement of your injury claim (against our policyholder and subject to liability being established). Any settlement will depend on your agreement. You can also instruct your own solicitor to represent you, if you wish, at your own cost.

The InjuriesBoard.ie

You can also refer your injury claim at any time to The Injuries Board, subject to the Statute of Limitations. You can notify your claim to them on Lo Call 1890 829 121 Monday to Saturday (8am – 8 pm) or by post to The Injuries Board PO Box 8, Clonakilty, Co Cork. You must complete and submit an application form along with a medical assessment form from your doctor and the application fee of €45. You can do this online on their website www.Injuries Board.ie or by post.

Your feedback and complaints

We want to hear any feedback or complaint you may have about how we managed your claim or the service you received. Telling us your concerns helps us to put matters right for you and improves our service to all our customers. If you would like to give feedback or make a complaint, please telephone a member of our Claims Team on 6190300. If you are not satisfied with our response or how we handled your complaint, you may complain in writing to The Claims Manager, Ecclesiastical Insurance Office plc., 2nd Floor, Block F2, Eastpoint, Dublin 3. We will try to resolve the matter as quickly as possible and within a maximum period of 40 working days in accordance with the Consumer Protection Code. If we have given you our final response on your complaint and you are still dissatisfied, you may refer the complaint to: Financial Services and Pensions Ombudsman (FSPO), Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Phone +353 1 567 7000. Email: info@fspoi.ie. Further information is available at www.fspoi.ie

The future impact of making a claim

Payment of a claim can affect the terms and conditions applying to similar insurance in the future. For clarification of your own circumstances you should speak to your Broker or our Underwriters on (01) 6190300.

First Level Data Privacy Notice:

Your privacy is important to us. We will process your personal data in accordance with the applicable data protection law. The data controller in respect of the personal data which we may hold about you is Ecclesiastical Insurance Office plc who you can contact via the Compliance Associate, at 2nd Floor, Block F2, EastPoint, Dublin 3, D03 T6P8 or on 01 619 0300 or email compliance@ecclesiastical.com. We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention and business management. This may involve sharing your personal data with, and obtaining information about your from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, service providers, professional advisors, external qualified financial advisers (QFAs) or business partners and our regulators. In some circumstances the processing may be carried outside of the European Economic Area where suitable arrangements will be taken to ensure that your personal information is protected.

Special Categories of Data

In order to provide your insurance policy or when making a claim, we may need to collect or process information relating to your or a dependant's health or criminal convictions. As this is 'sensitive personal data' we are required to obtain your consent to process this information. If you do not consent to us processing this information we may be unable to provide your insurance policy or process any claim. You are entitled to withdraw this consent at any time. However, withdrawing your consent may mean we are unable to continue providing your cover meaning your insurance policy may be cancelled. Your policy terms and conditions set out what will happen in the event your policy is cancelled. Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by [contacting us](#).

Fraud Prevention

We may check your details with various fraud prevention and credit reference agencies. If you make a claim, we will share your information (where necessary) with other companies to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf. We may also use information from other sources such as the Companies Registration Office, Financial Credit Agencies and Insurance Link (a central claims database for the insurance industry) to obtain additional details and to independently verify information you have provided to us. You can find more information about Insurance Link at www.inslink.ie. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Further Information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at www.ecclesiastical.ie/privacy-policy or contact our Compliance Associate.