

PUPIL PROTECTOR PERSONAL ACCIDENT CLAIM FORM

Please complete this form fully and return it with any supporting invoices or bills.



30 North Wall Quay, International Financial Services Centre, Dublin 1.
Tel: +353 1 208 1400
E-mail - Irelandclaims@aig.com

INSTRUCTIONS

- 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.
- The completed form should be returned to AIG as soon as possible after the accident has occurred.
- Note: Any claim will be handled in line with the cover granted by your policy.
- Please ensure Section 7 Payment Details is completed in full.
- Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral.

Please answer all questions contained in this Claims form honestly and in a reasonably careful manner. Please use block capitals throughout and send your completed form to the e-mail or postal address above.

1. SCHOOL

Name

Address

Policy Number

Phone No.

Email

Principal

2. CLAIMANT

Parent

Address

Phone No.

Email

Pupil Name

Date of Birth

Cover 24 Hour School Activities only

3. PARTICULARS OF ACCIDENT

Date and time of accident AM PM

Location of incident

How did accident occur and what was the pupil doing at the time? (GIVE EXACT DETAILS)

State fully the nature and extent of injuries

Exact Nature and Extent of injuries

Have they ever suffered similar injuries and is this related in any way? Yes No

4. WITNESSES

Names and addresses of witnesses of the accident

Phone Numbers

5. 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

6. OTHER INSURER / PAYMENTS

Do you hold a medical card Yes No

Please confirm if you hold private health insurance Yes No

Please confirm name of company and plan

Have you processed a claim through your Private Health Insurance Yes No

If yes please provide a breakdown of the amounts received.

Please note any costs must be claimed from your private health insurance and any shortfall can be considered by the pupil protector policy

If no please explain why you are not entitled to benefit?

7. BANK DETAILS

Settlement is made via bank transfer – please supply

Payee Name

Name and address of bank

IBAN

BIC

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 ALG Europe S.A. 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 or Parent Date

This Authorisation should only be signed by a parent

ALG Europe S.A. is classified as a 'Data Controller'. Please see overleaf.

HOW WE USE PERSONAL INFORMATION

ALG Europe SA is committed to protecting the privacy of customers, claimants and other business contacts.

"Personal Information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

Sharing of Personal Information – For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party

claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.alg.ie/privacy-policy> or you may request a copy by writing to: Data Protection Officer, ALG Europe SA, 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer@alg.com.

DECLARATION

I Certify that my answers to these questions are true and complete to the best of my knowledge and belief.

Signature Qualification

Address

DATE

