

# Personal Accident and Sickness Claim Form

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4. Please complete the 'Fatal Accident' claim form if the claim is for a fatal accident.

## PART 1 - DETAILS OF THE INSURED

### Details of the policyholder (insured company)

Policy number

Name of the company

Address

Postcode

Country

Does the claimant work at this address?

Yes

No

If not where does the claimant work? (Please name branch/subsidiary and location)

### If you claim as a company representative (HR, Finance, etc) please provide your details

Full name

Position

Telephone number

Email address

Is this claim payable direct to the company?

Yes

No

### Details of the claimant (injured or sick person)

Full name

Address

Postcode

Country

Telephone number

Email address

Date of birth

Occupation

Relationship to policyholder

Employee

Spouse of an employee

Visitor

Contractor

Child of an employee

Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

## PART 2 - DETAILS OF THE CLAIM

### Details of the trip (only if the accident or sickness occurred during travel)

Travel destination From  To

Scheduled dates of the trip From  To

Travel order number (if applicable)

Reason for travel Business trip Leisure Long term secondment

Country where loss occurred

### If the claim is for a sickness

Details of the sickness

When did the symptoms first appear?

Have you had this condition before? Yes No

If 'yes', when?

Were you hospitalised? Yes No

If yes, give dates and details of the treating hospital

### If the claim is for an accident

Accident date and time

Location

Describe exactly how the accident occurred

Details of the injuries

Were you hospitalised? Yes No

If yes, give dates and details of the treating hospital

### Reporting the accident

Was the accident reported to the gardai/police? Yes No

Garda station/ police station address (if applicable)

Officer's serial number

**Details of witnesses**

	Witness 1	Witness 2
Name		
Address		
Postcode		
Daytime phone number		
Home phone number		
Mobile number		
Email address		

**Details of employment and income**

At the time of the accident, were you

	Employed	Self-employed	Not employed
	Full-time	Part-time	
Name of employer			
Address of employer			
Occupation/job title			
Description of work done before the accident			
Are you currently working?	Yes	No	
Present occupation			
Date when employment commenced with your current employer			
State annual income (basic salary without bonuses)			

**If unable to work after the accident**

Please state:

The date you stopped work		The date you expect to return to work	
How long were you unable to work?	Number of weeks	Have you been employed since the accident?	
If yes, date you started work			
Description of current work			
If you are convalescing, what duties can you not perform?			

### Are you entitled to disability benefits from

Department of Social and Family Affairs	Yes	No
Any other insurer	Yes	No

If yes please give name, address and policy number for each insurance company

### PART 3 - HOW WE USE PERSONAL INFORMATION

We are 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 dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

**The types of Personal Information we may collect and why** - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- 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 outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact us by e-mail at: [postmaster.ie@aig.com](mailto:postmaster.ie@aig.com) or by writing to: Customer Service Team, AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with our group companies, brokers and other 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 law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers (i.e Insurance Link, and Claims and Underwriting Exchange (CUE), and shared with other insurers. We may search these registers to detect and prevent fraud. Details on how Insurance Link operates can be found at <http://info.insurancelink.ie> and CUE at <http://www.insurancedatabases.co.uk>. 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 and other countries with different data protection laws than in your country of residence.

**Security and retention of Personal Information** – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: [postmaster.ie@aig.com](mailto:postmaster.ie@aig.com) or write to the Data Protection Officer, AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland. More details about our use of Personal Information can be found in our full Privacy Policy at <http://www.aig.ie> or you may request a copy using the contact details above.

## PART 4 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

Signed

Date

### Details of the person completing the form (if not the claimant)

Full name

Telephone

Email

Relationship to claimant

Reason for completing the form on behalf of the claimant

### Please include the following documents

**Medical Certificate to be completed by your doctor or medical advisor**

**Garda/Police reports applicable**

**Access to Medical Records - please complete the access form on page 6**

**Proof of Salary**

### THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

**Email** [Globecoverclaims.ie@aig.com](mailto:Globecoverclaims.ie@aig.com)

**Post** GlobeCover Claims, AIG Europe Limited, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland.

**Telephone** +353 (0)1 208 1400

**Fax** +353 (0)1 283 7773

## MEDICAL AUTHORISATION

On production of this Authorisation, or a photocopy hereof, 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 on \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Dated \_\_\_\_\_

**Note:** *If the claimant is a child this authorisation must be signed by a parent*

**Do you wish to see the report before it is sent to AIG Europe Limited or their Agents?**                      Yes                      No

### Please confirm the full name and postal address of your doctor (GP) and Specialist

**Doctor's (GP) name**

Address

Phone number

Email address

**Specialist's name**

Address

Phone number

Email address

This insurance is underwritten by AIG Europe Limited. Registered in England: company number 1486260. Registered address: 58 Fenchurch Street, London EC3M 4AB, United Kingdom. AIG Europe Limited, Ireland Branch, has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland. Branch registration number 906664. AIG Europe Limited is authorised by the Prudential Regulation Authority of the United Kingdom, and is regulated by the Central Bank of Ireland for conduct of business rules.