

## AIG EUROPE LIMITED

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

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## PERSONAL ACCIDENT CLAIM FORM

Please complete this form fully.  
In the event of the Claimant being unable to sign the form,  
it should be completed and signed by a responsible  
person on his/her behalf.  
Return to AIG immediately.



### 1. INSURED

Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Date Last Premium Paid \_\_\_\_\_

### 2. CLAIMANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

### 3. PARTICULARS OF ACCIDENT

Date and time of Accident  /  /  Time \_\_\_\_\_: \_\_\_\_\_  AM  PM

Place accident occurred \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. WITNESSES

Names, occupations and addresses of witnesses of the accident

\_\_\_\_\_

Was the accident attended/investigated by the Gardai? YES  NO

Name and station of investigating Garda

\_\_\_\_\_

### 5. INJURIES SUSTAINED

State fully the nature and extent of injuries

Have you before suffered similar injuries? YES  NO

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 6. MEDICAL DETAILS

Were you taken to hospital YES  NO

Which hospital \_\_\_\_\_

As an in patient \_\_\_\_\_ or an out patient \_\_\_\_\_

from  /  /  to  /  /

Give name and address of medical practitioner who attended to you after  
the accident

\_\_\_\_\_

\_\_\_\_\_

Is the doctor your usual medical practitioner YES  NO

How long have you been totally or partially disabled from engaging in or  
attending to your usual business as a result of the injuries

Totally: from  /  /  to  /  /

Partially: from  /  /  to  /  /

### 7. OTHER INSURER

Are you claiming or entitled to claim compensation for the accident from  
any other source?

YES  NO

If so give particulars \_\_\_\_\_

\_\_\_\_\_

Do you have a personal accident policy with any other company or  
society?

YES  NO

Company \_\_\_\_\_

I hereby declare the foregoing particulars to be true in every respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 should be signed by a parent

AIG Europe Limited is classified as a 'Data Controller'.

# MEDICAL CERTIFICATE

To be completed by the attending Doctor, and supplied at the expense of the insured

1.

Name of claimant \_\_\_\_\_

2.

When did the claimant 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 claimant been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?

Totally: From \_\_\_\_\_ To \_\_\_\_\_ Partially: From \_\_\_\_\_ To \_\_\_\_\_

Is the claimant suffering from any disease in addition to the present injuries, or has he/she any physical defect?

If so, state the nature of same, and to what extent the recovery may be affected by this

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](http://www.aig.ie), by e-mailing [postmaster.ie@aig.com](mailto: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 claimant above met with the accident referred to herein, and that the foregoing statements are correct.

Signature \_\_\_\_\_ Qualification \_\_\_\_\_

Address \_\_\_\_\_ Date / /

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.

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