

Appendix 5

School's Public Liability Accident Report Form

Religious/Education Claims

Dear Policyholder,

We have received your Notification. Please complete this form fully and return it to the Company as soon as possible. Please note that the issue of this form is not an admission of Liability on the part of the Company.

1. School

Name: _____

Address: _____

Policy Number: _____

Telephone Number: _____

E-mail Address: _____

No. of Pupils: _____

No. of Teachers: _____

Name & Address of Correspondent: _____

Telephone Number: _____

2. Injured Party

Name: _____

Address: _____

Age: _____ Class/Grade: _____

Nature of Injuries: _____

How was the injury treated: _____

Did the injured party require medical treatment: Yes No

If 'Yes' state the name of Doctor/Hospital: _____

Treatment/Findings (if known): _____

If injured party is a student, when were the parents notified of the accident:

Date: _____ / _____ / _____ Time: _____

Has the injury prevented the student from attending classes: Yes No

If 'Yes' period of absence: From: _____ / _____ / _____ To: _____ / _____ / _____

3. Circumstances of Accident

Date: _____ / _____ / _____ Time: _____

Precise Location: _____

Nature of activity in which the injured party was engaged when the accident occurred: _____

Full description of accident: _____

3. Circumstances of Accident (continued)

What arrangements were in force for supervision at the time of the accident:

How many pupils were in the area when the accident happened: _____

How many teachers were supervising the area: _____

Was the accident caused by any defect in the premises: Yes No

If 'Yes' give details: _____

Was the incident witnessed by a teacher/supervisor: Yes No

If 'Yes' state: Name: _____

Address: _____

If 'No' to whom was it first reported: _____

When reported: _____

By whom: _____

Were there other witnesses: Yes No

If 'Yes' please give details:

Name: _____

Address: _____

Name: _____

Address: _____

Has any claim been made against the school: Yes No

If "Yes" please give details: _____

Data Protection Act - Statements and Consents

Allianz p.l.c. is a member of the Allianz Group, and shall be the data controller in respect of all personal information provided on this form. References to We and Us in these statements and consents shall be construed accordingly. Allianz p.l.c. is regulated by the Financial Regulator.

By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us and by your signature, consent to all of the information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention). We will not retain any personal information for longer than is necessary for the purposes for which it is obtained.

We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about the claimant and the claimant's claims history.

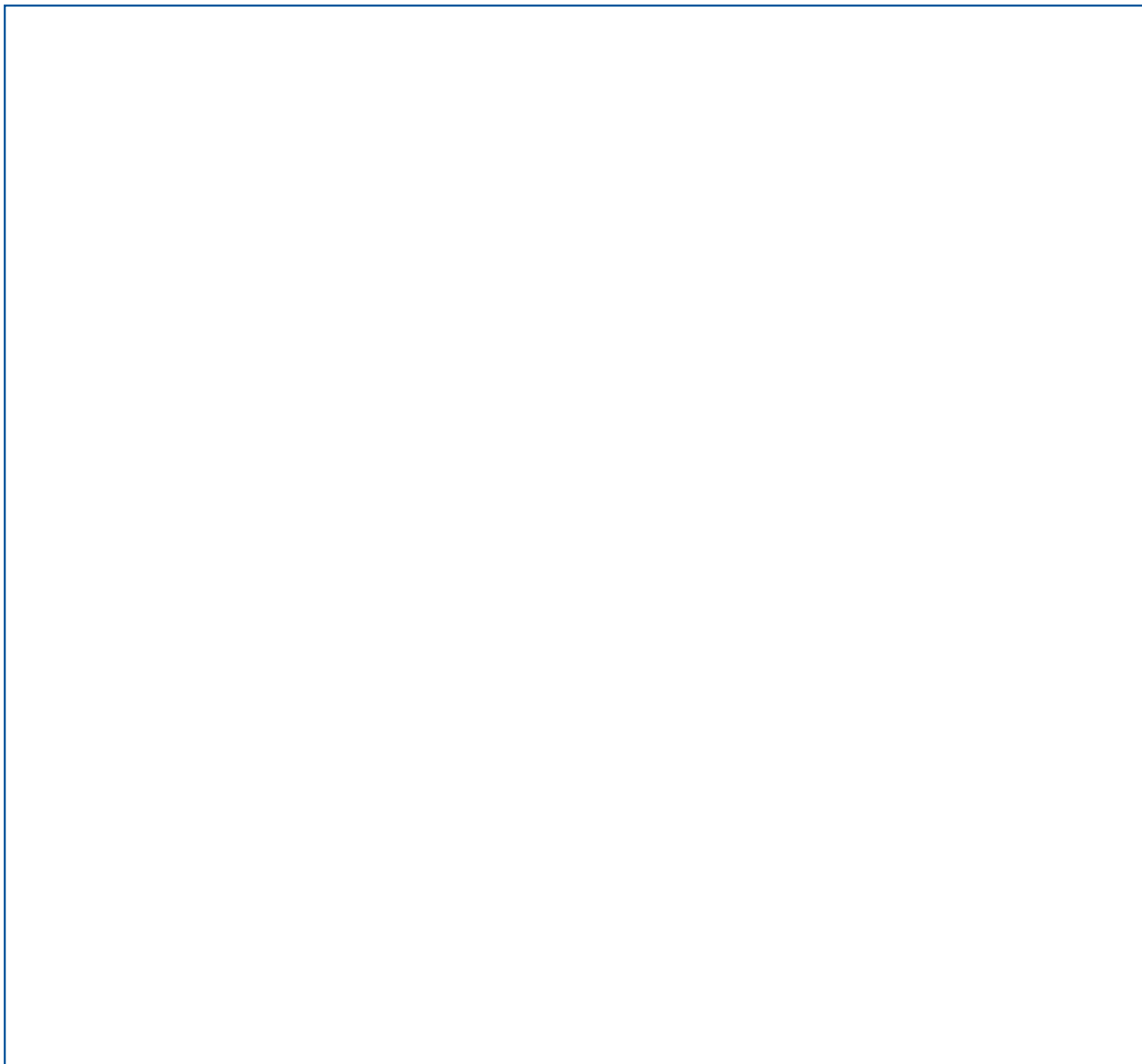
We may need to collect sensitive data relating to the claimant (such as medical or health record or condition, etc.) in order to administer claims which arise. By your signature, you signify your consent to such information being disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

4. Notes

1. Your policy covers your Legal Liability at Common Law for accidents to Members of the Public.
2. You are not automatically responsible for each and every accident which occurs on your premises.
3. Responsibility rests with the injured party to prove that the injuries suffered were as a direct result of negligence on your part.
4. If the accident was caused by defective equipment, please retain for inspection by a Company Representative.
5. Statements should be obtained from witnesses as soon as possible while the incident is fresh in their minds. Please draw a sketch of the location if appropriate.

5. Sketch Map

If accident occurred in the playground please draw a rough plan of same, indicating location and position(s) of teachers/supervisors



Signed:  _____ Status: _____ Date: / /

Please return completed form and witness statements to:

Allianz p.l.c., Allianz House, Elmpark, Merrion Road, Dublin 4.

Telephone: (01) 613 3000 Fax: (01) 613 4444 Email: info@allianz.ie Website: www.allianz.ie

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