

Appendix 7 Personal 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. Insured

Name: _____
 Address: _____

 Policy Number: _____
 Telephone Number: _____
 Email Address: _____

2. Injured Party

Name: _____
 Address: _____

 Date of Birth: ____/____/____
 Telephone Number: _____
 Business or Occupation (incl. Part-time Occupation):

 Name of Injured Party's Employer:

 Address of Injured Party's Employer:

3. Circumstances

Date and Time of accident: ____/____/____ _____
 Please describe fully the location, circumstances and nature of the accident:

Please describe fully the nature and extent of injuries suffered by the injured party:

Has the injured party suffered any previous injuries: Yes No

If 'YES' give details: _____

Name and Address of Doctor attending injured party:

Was the injured party totally disabled by the injuries described above and unable to attend any part of his/her business or occupation: Yes No

If 'YES' between what dates: From: ____/____/____ To: ____/____/____ (Inclusive)

Signature:

X _____ Date X / /

Address:

Qualification:

Please return completed form 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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