

# School's Public Liability Accident Report Form

Religious/Education Claims

Please complete this form fully and return it to Allianz as soon as possible. Please note that the issue of this form is not an admission of liability on the part of the Company and that all claims are subject to Policy terms and conditions.

### Important Information for Pre-Claim Notifications

We only require the injured party's personal information (name, address) to be provided where (1) a formal claim has been made or (2) where there is clear evidence that a claim will be made. Otherwise this accident report form should be completed as normal, however the injured party's name should be recorded by way of initials only and no details of the injured party's address should be provided.

### 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 pupil, when were the parents notified of the accident:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

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

If 'Yes' period of absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Has any claim been made against the school: Yes  No

If 'Yes' please give details: \_\_\_\_\_  
 \_\_\_\_\_

### 3. Circumstances of Accident

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Precise Location: \_\_\_\_\_

### 3. Circumstances of Accident (continued)

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

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Full description of accident:

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If injured party is a pupil what arrangements were in force for supervision of the pupils at the time of the accident:

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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:

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Was the incident witnessed by a teacher/supervisor:

Yes  No

If 'Yes' state: Name:

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Address:

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If 'No' to whom was it first reported:

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When reported:

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Time:

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am/pm

By whom:

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Were there other witnesses:

Yes  No

If 'Yes' please give details:

Name:

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Address:

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Name:

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Address:

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#### Data Protection Acts - collection and use of personal information

The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly.

**USES.** Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

**DISCLOSURE.** 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 you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.

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

**RETENTION.** Under the Consumer Protection Code we are obliged to retain your records for 6 years from the date your claim is settled. In certain circumstances we will retain your information for longer periods if this is required under specific insurance legislation.

**CONSENT.** By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

**CALL RECORDING.** Calls may be recorded or monitored for regulatory, training and quality purposes.

Please continue overleaf



#### 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



I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured party.

Signature of Policyholder

X

Date X

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please return completed form and witness statements to:

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

Telephone: 1890 77 99 99 Fax: (01) 613 4444 Email: [info@allianz.ie](mailto:info@allianz.ie) Website: [www.allianz.ie](http://www.allianz.ie)

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Allianz p.l.c.,  
Allianz House,  
Elmpark,  
Merrion Road,  
Dublin 4.  
Telephone: 1890 77 99 99  
Fax: (01) 613 4444  
Email: [info@allianz.ie](mailto:info@allianz.ie)  
Website: [www.allianz.ie](http://www.allianz.ie)