

Secondary School Pupil Personal Accident Application Form Option A - All Pupils on Register

As Ireland's largest schools insurer, Allianz offers a Pupil Personal Accident policy designed to offer protection and support for the pupils of your school.

Summary of Cover

This summary is only intended as a guide to policy cover and exclusions and does not reference all of the benefits, terms, conditions, limitations, exceptions and exclusions associated with the Policy. The policy is issued to the school and contains full details of cover and all applicable terms, conditions and exclusions. A copy of the policy is available from the school.

Schedule of Benefits

The benefits shown below are payable following accidental bodily injury (i.e. Bodily Injury caused solely by accidental violent external and visible means) resulting in medical or dental expenses, disablement or death.

Accidental bodily injury causing:

Medical Expenses (including ambulance hire) not recoverable from any other source	Up to €50,000
Dental Expenses not recoverable from any other source	Up to €50,000
Death by Accident	€10,000
Permanent Total Disablement	€200,000
Permanent total loss of sight in one eye or use of one limb	€50,000
Total and irrecoverable loss of sight in both eyes or use of both limbs	€100,000
Total and irrecoverable loss of hearing in one ear	€40,000
Total and irrecoverable loss of hearing in both ears	€100,000
Loss of Speech	€40,000
Hospital Confinement - €20 payable per day (maximum 90 days)	Up to €1,800

Operative Time (in accordance with the option selected)

- School Activities During any school activity taking place with the full knowledge and authority of the school and including direct travel to and from such activities;
- 24 Hour Cover 24 hour cover during social, domestic and leisure, as well as school activities

Age Limits

Lower age limit – 2 years 6 months. Upper age limit – 22 years.

Claims Notification Condition

Written notice should be given to the Company as soon as possible with regard to any Accidents likely to give rise to a claim under this Policy and in any event within 730 days (2 years) after the date of the occurrence.

Excluded Activities and General Exclusions

- 1) Whilst the pupil is engaged in (or practising/training for): flying (except as a passenger), motor racing/quadbiking, parachuting, hang gliding, horse/pony racing/jumping (unless in connection with school activities), rock climbing or mountaineering using ropes and/or guides, pot-holing, ice-hockey, bobsleighs, white water rafting.
- 2) The pupil committing or attempting to commit suicide, wilful exposure to needless peril (except in an attempt to save human life) or any involvement in a criminal act.
- 3) The pupil being intoxicated or having taken any drug (other than prescribed).
- 4) The pupil's employment (other than school work experience programmes).
- 5) Boxing, mixed martial arts and/or any martial art involving combat with an opponent unless it is connected with School Activities.

Health Condition Exclusion

The insurance shall not apply in respect of any claim arising out of a pre-existing physical defect, infirmity or medical condition.

Standard acceptance criteria apply.

Contact details:

Pupil Personal Accident helpline: 01-6133966* Email: education@allianz.ie Claims Team: 01-6133559*. Email: rpaclaims@allianz.ie

*Opening Hours: Monday to Friday from 9am to 5pm

Pupil Personal Accident policy wording and claim forms are available at www.allianz.ie/schools-insurance/pupil-personal-accident



Allianz p.l.c. is regulated by the Central Bank of Ireland. Calls may be recorded. Terms and conditions apply.

Application Form for School Group Policy

Option A – all pupils on register (either school activities or 24 hour cover only)

School activities (including direct travel to and from such activities) 24 hour cover 365 days a year for school activities, social, domestic and leisure activities (including school holidays)																cost per child is €9.00 cost per child is €12.00													
Number of pupils on school	registe	er																											
Name of school																													
School email address																													
School phone number																													
Signature of principal																		D	ate	L			/_		/				
Amount enclosed	€ _										Che	aue			Мо	nev C	rder			Bar	ık Dro	aft		Pho	one (0	1 613	3948	3)	