Personal Accident

Claim Form

How can we help you? We give claims our greatest possible care and try to deal with them as quickly as possible - because we know that this is important to you when you submit a claim.

Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form

Important Note: You must enclose estimates/valuations/receipts with this claim form.

Ref No

FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION

1. Insured

Name Mr/Mrs/Miss/Ms Policy No.

Address:

Occupation

Telephone Number Home Business

Please provide details of Age Height Weight

At time of accident, were you gainfully employed ? Yes No

2. General

Name and Address of Doctor in attendance

Note: Please ensure that Medical Certificate overleaf is completed by this Doctor

Is he/she your usual Medical Attendant ? Yes No

Please state your VHI Policy Number (or any Private Health Insurance No.) Number:

When can you be seen ? Do you pay PRSI contributions ? Yes No

How long have you been

(a) wholly unable to attend to any portion of your profession or occupation ? from to

(b) able to attend only partly to your profession or occupation ? from to

Names and Addresses of any other Insurer or Society or Club from which you are entitled to benefit in respect of the same accident/sickness

Please turn over

3. Details of Accident

Place

Date Time am/pm

Please give full details of accident, indicating what you were doing at the time

What injuries have you sustained ?

Have you previously suffered from similar injuries ? Yes No

If so, please give details

Names and Addresses of witnesses

When did incapacity start ?

Declaration

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature(s) X Date

4. Medical Certificate

This is to certify that • Mr/Mrs/Miss/Ms

is suffering from

and * will/will probably be unfit to resume work until (*Delete as necessary)

Disablement from attending to usual business or occupation commenced on

Total disablement occurs when the Insured is wholly prevented from attending to his/her business or occupation whereas partial disablement shall mean disablement from a substantial part of the Insured person's usual occupation)

If a date of return to work can be given, please complete the following

Temporary total disablement from to

Temporary partial disablement from to

Is surgical intervention necessary or likely to be so ? Yes No

Is Insured Person confined to bed or house ? Yes No

On the basis of your existing knowledge and without undertaking any further examinations, is it your opinion that the disablement indicated above is solely attributable to the specified injury sustained ? If not, please state below any contributing factors and the extent to which disablement is or has been thereby affected

Signature and Qualification X Date

NOTE FOR DOCTORS Any fee for this certificate is to be paid by the patient.

Notes for Policyholders Any fee for the medical certificate is payable by the Insured. Further medical certificates are required at fortnightly intervals during periods of disablement. Interim payments of benefits are normally made on request subject to satisfactory medical evidence. Insured may be required to submit to medical examination on behalf of and at the expense of RSA Insurance Ireland Limited in connection with any claim.

Please return the completed form with the relevant evidence of the amount claimed.

The Claims Department, RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16. Telephone: 1890 290 100 Facsimile: (01) 290 1001

RSA Insurance Ireland Limited is registered in Ireland under number 148094 with registered office at
RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.
RSA Insurance Ireland Limited is regulated by the Financial Regulator.