

Please complete this form fully.  
In the event of the Claimant being unable to sign the form,  
it should be completed and signed by a responsible  
person on his/her behalf.  
Return to Chartis immediately.

**1. INSURED**

Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_

Date Last Premium Paid \_\_\_\_\_

**2. CLAIMANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

**3. PARTICULARS OF ACCIDENT**

Date and time of accident  /  /  Time \_\_\_\_\_:\_\_\_\_\_  AM  PM

Place accident occurred \_\_\_\_\_

How did accident occur and what were you doing at the time?  
(GIVE EXACT DETAILS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. WITNESSES**

Names, occupations and addresses of witnesses of the accident

\_\_\_\_\_

\_\_\_\_\_

Was the accident attended/investigated by the Gardaí? YES  NO

Name and station of investigating Garda

\_\_\_\_\_

**5. INJURIES SUSTAINED**

State fully the nature and extent of injuries

Have you ever suffered similar injuries? YES  NO

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. MEDICAL DETAILS**

Were you taken to hospital YES  NO

Which hospital \_\_\_\_\_

As an in patient \_\_\_\_\_ or an out patient \_\_\_\_\_

from  /  /  to  /  /

Give name and address of medical practitioner who attended you on your meeting with the accident

\_\_\_\_\_

\_\_\_\_\_

Is the doctor your usual medical practitioner YES  NO

How long have you been totally or partially disabled from engaging in or attending to your usual business as result of the injuries

Totally: from  /  /  to  /  /

Partially: from  /  /  to  /  /

**7. OTHER INSURER**

Are you claiming or entitled to claim compensation for the accident from any other source? YES  NO

If so give particulars \_\_\_\_\_

\_\_\_\_\_

Do you have a personal accident policy with any other company or society? YES  NO

Company \_\_\_\_\_

**I hereby declare the foregoing particulars to be true in every respect.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORISATION**

On production of this Authorisation, or a photocopy thereof, I authorise you to furnish Chartis Insurance Ireland Limited with full reports on the condition of \_\_\_\_\_

\_\_\_\_\_

including the history of the complaint(s) which caused the above named to be admitted to hospital on \_\_\_\_\_

Signature of claimant \_\_\_\_\_

Dated \_\_\_\_\_

**NOTE** If the claimant is a child this authorisation should be signed by a parent

Chartis Insurance Ireland Limited is classified as a 'Data Controller'. Please see overleaf.

# MEDICAL CERTIFICATE

To be completed by the attending Doctor, and supplied at the expense of the policyholder

1.

Name of claimant \_\_\_\_\_

2.

When did the claimant first consult you in connection with this accident? \_\_\_\_\_

Please state fully the nature of the injuries sustained \_\_\_\_\_

Are the symptoms being suffered due to the accident alone? \_\_\_\_\_

3.

How long has the claimant been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?

Totally: From \_\_\_\_\_ To \_\_\_\_\_ Partially: From \_\_\_\_\_ To \_\_\_\_\_

Is the claimant suffering from any disease in addition to the present injuries, or has he/she any physical effect?

If so, state the nature of same, and to what extent the recovery may be affected

4.

General Remarks \_\_\_\_\_

I certify that to the best of my belief the above met with the accident referred to, and that the foregoing statements are correct.

Signature \_\_\_\_\_ Qualification \_\_\_\_\_

Address \_\_\_\_\_ Date / /

Chartis Insurance Ireland Limited is classified as a "Data Controller" under Irish Data Protection Legislation. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. In certain cases, this may involve the sharing of your information with other insurance providers and private investigators. Guidelines for sharing of information in this regard are contained in a Code of Practice on Data Protection for the Insurance Sector which has been approved by the Data Protection Commissioner.

Chartis Insurance Ireland Limited is regulated by the Financial Regulator.