

Public Liability Accident Report Form

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.

Claim No.

Policyholder

Name and Business Address of Policyholder

Email:

Policy Number:

Business or Occupation:

Are you registered for VAT? Yes No If YES, state registered number:

Injured Party

Name and Address of Injured Party

Date of Birth: / /

Occupation:

Details of injuries suffered

Details of property damaged

Has any claim been made against you? Yes No

If YES, give details

(Any written communication should be forwarded immediately to the Company unacknowledged)

Details of Accident

Date and Time of accident: / / am/pm

Address where accident occurred:

Give full details of the location, circumstances and nature of the accident

Was the accident reported? Yes No If yes, when and to whom?

Was the accident caused by any alleged defect in your premises, plant or machinery? Yes No
If YES, give details, and please retain defective equipment for inspection by a Company representative

Was the accident caused by the alleged negligence of any member of your staff? Yes No
If YES, give details

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.

Witnesses

Name and Address

If in your employment, place "E" in box

Name and Address

If in your employment, place "E" in box

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.

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 ____ / ____ / _____

Important

The Policyholder is reminded that the Company cannot accept responsibility for payments made to injured parties without its authority. The Policyholder's attention is specially drawn to the fact that his/her interests and those of the Company are identical in as much as the future premiums payable depend upon the amount of compensation paid by the Company. The Policyholder should therefore do everything possible to prevent any but bona fide claims being admitted.

Please return completed form 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 Website: www.allianz.ie

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