Allianz Care

Non-occupational Accidental Form

This form should be completed in full by the injured person. For your convenience you can save data typed into this form before printing and signing it. If you choose to complete this form in handwriting please use **BLOCK CAPITALS.**

Injured person

First name

Surname

Current correspondence address

Date of birth D D / M M / Y Y Y Y

Email address

Staff member name and surname

Staff member personal reference number

Medical policy number (if known)

Details of the accident

Did the accident occur during performance of professional duties: ☐ Yes ☐ No

Date of accident D D / M M / Y Y Y Y

Geographic location of accident:

Detailed description of the circumstances:

Names(s) and contact details of possible witness(es):

Third party

Was a third party involved in the accident? ☐ Yes ☐ No

If yes, please provide the following information relating to the third party:

Full name

Name of insurer

Policy number

Injuries

Please describe the nature of the injuries received

First medical treatment received by:
- ☐ General practitioner
- ☐ Specialist
- ☐ Hospital doctor

Date D D / M M / Y Y Y Y

Incapacity to work from D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Was an admission into hospital necessary? ☐ Yes ☐ No

Please specify

Admission date D D / M M / Y Y Y Y

Expected discharge date D D / M M / Y Y Y Y

Name and address of the hospital

Attachments

Number of attachments:

- ☐ Medical report
- ☐ Invoices and fees
- ☐ Police report
- ☐ Other, please specify:

Signature of the staff member

Date D D / M M / Y Y Y Y

I accept the terms and conditions. I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provisions of misleading information or the withholding of information related thereto is an offence punishable by Law. I hereby confirm that I have read and fully understood Allianz's Data Protection Notice (www.allianzcare.com/en/privacy). If I provide Allianz Care with personal information relating to others, I will make them aware of Allianz Care Data Protection Notice.

Please complete, sign and return this form to:

Email: iom.helpline@allianz.com or

Post: Life, Accident & Disability Team, Allianz Partners, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.