

Pupil Personal Accident Report Form

Education Claims

BEFORE COMPLETING THIS FORM, PLEASE SEE INSTRUCTIONS BELOW. PLEASE USE BLOCK CAPITALS.

Instructions

- 1. The Pupil Personal Accident Policy only provides cover for medical and/or dental costs incurred as a result of an accident as defined by the policy, where no other cover is in force, such as private health cover or medical card scheme.
- 2. This form should be completed, signed and dated by both the parent/guardian and the school principal.
- 3. The completed form should be returned to Allianz as soon as possible after the accident has occurred.
- 4. Please only attach original invoices/bills as we cannot pay your claim if you submit photocopy invoices/bills.
- 5. Note: Any claim will be handled in line with the cover granted by your policy.
- 6. Please ensure Section 8 Payment Details is completed in full.
- 7. Please ensure any physiotherapy receipts are accompanied by a medical practitioner referral.

Email address: Gelephone number: Colicy number: School roll number: School roll number: School activities or 24 hour cover? School activities 24 hour cover 2. Injured pupil and parent's/guardian's details Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's address: Parent's/guardian's address:	Policyholder's name:																									
Telephone number: Colicy number: School roll number: School roll number: School activities or 24 hour cover? School activities 24 hour cover School activities 24 hour cover 2. Injured pupil and parent's/guardian's details Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address:	Address:																									
Telephone number: Colicy number: School roll number: School roll number: School activities or 24 hour cover? School activities 24 hour cover School activities 24 hour cover 2. Injured pupil and parent's/guardian's details Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address:																										
Telephone number: Colicy number: School roll number: School roll number: School activities or 24 hour cover? School activities 24 hour cover School activities 24 hour cover 2. Injured pupil and parent's/guardian's details Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address:		ш																								1
Policy number: School roll number: School activities 24 hour cover 24 hour cover 25 hour cover 26 hour cover 27 hour cover 28 hour cover 29 ranet's/guardian's details 29 ranet's/guardian's name: 20 ranet's/guardian's address: 20 ranet's/guardian's address:	Email address:	ш																								
School roll number: s the injured pupil covered for school activities or 24 hour cover? School activities 24 hour cover 24 hour cover 25 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 29 hour cover 20 hour cover 21 hour cover 24 hour cover 26 hour cover 27 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 20 hour cover 21 hour cover 20 hour cover 21 hour cover 24 hour cover 26 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 20 hour cover 21 hour cover 22 hour cover 24 hour cover 24 hour cover 24 hour cover 24 hour cover 26 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 20 hour cover 21 hour cover 22 hour cover 24 hour cover 26 hour cover 26 hour cover 27 hour cover 20 hour cover 21 hour cover 22 hour cover 24 hour cover 24 hour cover 24 hour cover 24 hour cover 26 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 20 hour cover 21 hour cover 22 hour cover 24 hour cover 24 hour cover 26 hour cover 26 hour cover 27 hour cover 28 hour cover 29 hour cover 20	Telephone number:																									
24 hour cover 25 the injured pupil covered for school activities or 24 hour cover? School activities 26 Injured pupil and parent's/guardian's details 27 Pupil's name:	Policy number:																									
2. Injured pupil and parent's/guardian's details Pupil's name: Age at time of incident: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's	School roll number:																									
Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's	Is the injured pupil covered fo	or schc	ol a	ctiviti	es or	24 hc	ur co	over?		Sc	hool	activ	/ities			24 h	our c	over								
Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's																										
Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's																										
Pupil's name: Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's	2 Injured nunil and par	ent's	/au	ardi	an's	deta	olir																			
Age at time of incident: Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's address:			/ 9 u 	ا	un s		ا	ı	1	ī	1	1	1	1	1	ī	ı	1	ī	1	1	1	1	ı	ī	ī
Class name/year: Parent's/guardian's name: Parent's/guardian's address: Parent's/guardian's address: Parent's/guardian's	·																									
Parent's/guardian's name:						1	1	1	1	ī	1	1	1	1			ī	1		1	1	1		1	i.	ī
Parent's/guardian's address:					i										i		i	1		i				i	i	ī
Parent's/guardian's							i																			
													i					i								1
	Parent's/auardian's					•	·		•			•		•	•					·			·			
	telephone number:	ш																								
				atad	part	iculo	ırs (t	o be	cor	lar	leted	d bv	the	scho	ool r	orino	ipal	or r	oare	nt/o	aua	rdia	n as	app	rop	riat
3. Accident circumstances and related particulars (to be completed by the school principal or parent/quardian as appropriat	3. Accident circumstance	s and	ا relu	ateu			`											ď		, .				•	•	
3. Accident circumstances and related particulars (to be completed by the school principal or parent/guardian as appropriat	3. Accident circumstance	s and	l relo	ateu																						
		s and	I rel	/ <u></u>	· 	_/_							ı	1				1		am/	pm					
Date and time of accident:/	Date and time of accident:			/		」/∟ ınd na	ature	of th	ne ac		ent:						1	1		am/	pm					
	Date and time of accident:			/		」/∟ ınd no	l ature	of th	ne ac	l	ent:	<u>L</u>	1	1	1	1	1	1		am/	pm					
Date and time of accident:/	Date and time of accident:			/		」/∟ ind no	ature	of th	ne ac	l	ent:			1			1			am/	pm					
Date and time of accident:/	Date and time of accident:			/		」/∟ und no	lature	e of th	ne ac	l	ent:									am/	pm					
Date and time of accident:/	Date and time of accident:			/		J/L	ature	of th	ne ad	ccide	ent:									am/	pm					
Date and time of accident:/	Date and time of accident:			/		J/L	ature	of th	ne ac	l	ent:									am/	pm					

										jured	pupil:													
Does the injured pupil suffer f	from a _l	ore-e>	kisting	g phy	⁄sical	l defe	ect, in	nfirm	nity o	r mec	ical co	nditi	ion?									Υe	es 🗌	No 🗌
If 'Yes' give details:																								
Name and address of doctor,	/dentis																							
					1	1	1					i									1			
Does the injured pupil have P	Privata l	Joal+k	ocaro	Jacur	ranc	0 (0 0	, \ / L I	La	Va U	altha	aro A	ii (a l	Цоа	l+bcc	uro o	+c)								
or Medical Card cover?	nvate	lediti	icure	: II ISUI	TUTIC	e (e.ç	y viii	, Lu	yurie	eattric	uie, A	viva i	rieu	ttricc	ire, e	(C)						Υe	es 🗌	No 🗌
Please identify the insurer:					1	1	1	ı								1			ı	1		l		
Have you put them on notice	of this	claim?	?																			Υe	es 🗌	No 🗌
If 'YES' please state the amou				ate, if	any	, fron	n the	abo	ove so	ource	:€													
Are you entitled to recover ar	ny amo	unt fro	om th	iem?																		Υe	es 🗌	No 🗌
If 'No', why not?																								
Please state the amount you	are see	king t	o rec	over	from	n Allic	anz:€	€ _								-								
Have the injuries described p			- 1											,		,						Υe	es	No 🗌
If 'YES' between what dates: F	From: L		/			J / ∟					To: L			ı / ∟		/								
To be completed by the doctor covered under this policy. Name of patient: Age of patient:	or/dent	ist att	endii	ng the	e inju	ured p	pupil	at t	the sc	ole ex	oense	of th	e clo	aima	nt. Tl	ne co	st c	of nr	ovid	lina t	his ce	rtific	cate is	not
Are you still treating the patie Full details of injuries suffered				1	I	1	Dat	Lte o	l f you	l l	attenc								/ <u>_</u>		/	Ye	l l	No 🗌
Full details of injuries suffered Are they consistent with the d	d:lescript						ted ir												/					
Full details of injuries suffered	d:lescript						ted ir												/ L			Ye		No 🗌
Full details of injuries suffered Are they consistent with the d	d: lescript ertake/	recom					ted ir												/			Ye	25	No 🗌
Full details of injuries suffered Are they consistent with the d What treatment did you unde	d: lescripti ertake/ accide	recom nt?	nmer	id to t	the p	atier	ted ir												/			Ye	25	No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine	d: descriptiertake/ accide school	nt? : L d or h	ouse	on yo	the p	atien	tted irr	n sec											/			Ye	25	No No
Full details of injuries suffered Are they consistent with the d What treatment did you unde Is the injury wholly due to the Please state date of return to	d: descriptiertake/ accide school	nt? : L d or h	ouse	on yo	the p	atien	tted irr	n sec				lance	e on		ent:				/			Yé	25	No No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine	descriptivertake/ accide school d to be from:	nt? : L d or h L e prob	ouse	on yo	the p	nstruc J / l	ted irrt?	n sec	ction	4?	attenc	l dance	To:	pation	l				/ L			Yé	25	No No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine If 'Yes' between what dates: F If injury is continuing, please s If the patient has recovered p	descriptivertake/ accide accide a school d to be from: state the olease s	nt? : L d or h L e prok	ouse	on yo	the p	nstruc J / l	ted irrt?	r sec	ction	4?	ury fro	dance	To:	pation pa	ent:				/			Yé	25	No No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine. If 'Yes' between what dates: F If injury is continuing, please s If the patient has recovered p Signature of medical/dental	descriptivertake/ accide accide a school d to be from: state the olease s	nt? : L d or h L e prok	ouse	on yo	the p	nstruc J / l	ted irrt?	r sec	ction	4?	attenc	dance	To:	pation pa	ent:				/ L			Yé	25	No No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine If 'Yes' between what dates: F If injury is continuing, please s If the patient has recovered p	descriptivertake/ accide accide a school d to be from: state the olease s	nt? : L d or h L e prok	ouse	on yo	the p	nstruc J / l	ted irrt?	r sec	ction	4?	ury fro	dance	To:	pation pa	ent:				/ L / L			Yé	25	No No No
Are they consistent with the d What treatment did you under Is the injury wholly due to the Please state date of return to Has the patient been confine. If 'Yes' between what dates: F If injury is continuing, please s If the patient has recovered p Signature of medical/dental	descriptivertake/ accide accide a school d to be from: state the olease s	nt? : L d or h L e prok	ouse	on yo	the p	nstruc J / l	ted irrt?	r sec	ction	4?	ury fro	dance	To:	pation pa	ent:				/			Yé	25	No N

Data Protection Statement for Claims Handling ROI & NI – Allianz plc Fair Processing Notice

This privacy statement/notice tells you how we use your information for handling a claim - notwithstanding the Data Protection Statement provided at policy inception if you are an Allianz customer - and confirms that your Data Controller is Allianz plc ("we", "us", "our"), Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland. Email: info@allianz.ie. Our branch trading address is Allianz plc, 3 Cromac Quay, The Gasworks, Ormeau Road, Belfast, BT7 2JD, Email: info@allianz-ni.co.uk. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or please write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland.

1. What Personal Information We Collect for handling a claim

Type of Information

The type of information we collect might include (please note that this is not an exhaustive list):

Name, address (including Eircode), date of birth, policy numbers, contact details, PPS number, national insurance number (or any other relevant tax identification numbers) (if required by legislation), occupation, years of residency in the UK, employment details, gender, claims history, bank and payment card details, VAT and other relevant tax numbers, CCTV footage, membership status of any relevant bodies, penalty point information and Road Traffic offences, telematics data, dashboard camera video footage, dashboard credit score and on-board vehicle diagnostics information. Further details of information we collect, can be found under specific headings in this Data Protection Statement.

Other People's data:

As well as collecting your personal data, we may also use personal information about other people in connection with claims handling, for example family members such as minors, witnesses, limited personal information about trustees/beneficiaries (where policies are under trust), executors, nominated representatives and attorneys (under power of attorney), individuals who have an active membership relationship with the policyholder.

Sensitive information

We may collect health information or details of past or pending offences, unspent criminal convictions or other sensitive information about the claimant and/or their family members or any other persons associated with the claim. We recognise the sensitivity of collecting this information, so we will only ask for it to arrange, manage or administer a claim, or prevent fraud. Where we process health data, for the purpose of handling a claim we will take suitable and specific measures to safeguard the fundamental rights and freedoms of individuals.

Given the fact that data relating to health and criminal convictions is particularly sensitive information, we only collect and use such data as follows:

Purpose: Health data and Criminal Conviction is used solely for the purpose of handling a claim.

Basis: Irish Data Protection law permits us to use health data where we need to and where it is proportionate for the purposes of a policy of insurance and permits the use of Criminal Conviction data to prevent fraud.

We may also need to use your health and/or criminal data for the purposes of establishing, exercising or defending legal rights, including in connection with claims or proceedings and where authorised by law.

You do not have to provide us with any personal information, however, should you be unable to provide us with the required personal data, we will be unable to process your claim.

2. How we collect your personal information

We may collect personal information about you from: you; our policyholder (e.g. employer/sport club); our named driver; our joint policyholder; your intermediaries; our broker (or other representative); our insured persons (where different from the applicant/policy owner); a member of the public (e.g. dash cam footage); insurance industry databases and other commercial databases; third parties involved in a claim (including a claimant, solicitors, witnesses, providers engaged by us including engineers, repairers, motor assessors, loss adjusters, expert appraisers, private investigators etc.); the Department of Employment Affairs and Social Protection; the Personal Injuries Assessment Board; Public Authorities involved in the claim (e.g. Gardai, PSNI); communicating with us via social media platforms; other people who live with you in an insured property; nominated representatives and other third parties relevant to you and/or to the claim, including your legal advisers; publicly available information including social media websites and online content, newspaper articles, TV, radio and other media content, court judgements; telephone calls, which we may record or monitor for regulatory, training and quality assurance purposes; other records within Allianz if you have or have had other claims with us; ROI- Insurance Ireland (insurance industry's representative body) who operate a confidential phone line (Insurance Confidential) for individuals to report suspect fraud; and Credit referencing agencies. NI- the Insurance Fraud Bureau who operate a confidential phone line (cheat line for individuals who report suspect fraud); and credit referencing agencies (including but not limited to County Court Judgments and details from the electoral register).

Where you provide personal data relating to any person under the age of 16 years ("child"), Allianz will seek to verify that you are the parent/guardian of such a child. This is to ensure that you can authorise the processing of personal data relating to that child in order for Allianz to deal with the claim.

3. How we use your personal information

Purpose: to investigate, validate, arrange, handle, manage or administer a claim that you are making in relation to an insurance policy held by us. **Legal Basis:** Contractual and legal obligation connected to a contract of insurance.

Purpose: To verify your identity.

Legal Basis: For the performance of a contract under which we provide insurance.

Purpose: To carry out financial sanctions checks and prevention of financial crime.

Legal Basis: To comply with legal obligations; and public interest.

Purpose: To comply with laws and regulations.

Legal Basis: To comply with legal obligations. For motor policies only, in compliance with the Road Traffic Act 1961 (as amended) we share details of your policy with the Motor Insurers Bureau of Ireland (The details on MIBI processing activity can be found on https://www.mibi.ie MTPL section) and UK Motor Insurance Bureau, the Minister for Transport, Tourism and Sport and An Garda Síochána/PSNI for the purposes of section 78A as autonomous data controllers and in in respect of new and renewed employer's liability insurance policies.

Purpose: To detect and prevent fraud.

Legal Basis: For the performance of a contract under which we provide insurance; and to comply with our legal obligations.

Purpose: To provide repository policy information in respect of new and renewed employer's liability insurance policies to assist claimants to effectively and efficiently trace the relevant insurer to the Employers' Liability Tracing Officer.

Legal Basis: To comply with legal obligations.

Purpose: For satisfaction surveys; to carry out statistical analysis and reporting to help us improving our products and services; for quality assurance purposes; for staff training in how to perform their duties and provide a better service; to monitor recorded customer calls to assess our staff's customer service; and to enhance our services offerings.

Legal Basis: Legitimate interest in managing our business; improve service enhancement; and monitor and assess business performance.

We also use certain information and consult certain databases as follows:

Information Used: logging of any new claim notifications and any claim settlement for damage and injury.

Purpose: to confirm your personal data and verify claims information and/or for prevention and detection of crime and fraud through the Claims and Underwriting Exchange Database and Insurance Link Anti-Fraud register.

Processing is necessary: to comply with legal obligations.

Information Used: vehicle registration number.

Purpose: to identify whether a vehicle has been taxed, NCT or if the vehicle has been involved in a claim or written off using the VRN system. The Motor Insurance Database managed by the Motor Insurers' Bureau ("MIB"), MID data is used by the DVA for the purpose of Electronic Vehicle Licensing and by the Police Service for Northern Ireland (PSNI) for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers and the MIB may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

Processing is necessary: for the handling of a claim.

Information Used: Driving Licence Number.

Purpose: to validate your driving licence number with the relevant authority; to validate the number of penalty points disclosed by you; to validate the licence date and country of origin of the licence.

Processing is necessary: for the handling of a claim.

Information Used: Personal Public Service (PPS) Number

Purpose: If you make a claim for personal injuries against an Allianz customer, we are obliged to provide the Department of Employment Affairs and Social Protection with your PPS Number to comply with the Recovery of Benefits and Assistance (RBA) Scheme.

Processing is necessary: to comply with legal obligations.

4. How we share your personal information with others

We may share your personal information with: the Allianz Group, our agents, third parties who provide services to us (engineers, repairers, motor assessors, loss adjustors, expert appraisers, expert witnesses, private investigators, claims handling agents etc.), your intermediary and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators or solicitors); providers of essential services (e.g. telecommunications, postal/courier providers, IT service providers, software providers, payment processor); other third parties involved in administering your claim; regulatory bodies and law enforcement bodies, including the Garda and PSNI (for example, where we are required to do so to comply with a relevant legal or regulatory obligations); the Department of Employment Affairs and Social Protection; reinsurers who provide reinsurance to Allianz (reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations; they will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies); witnesses to any accidents/incidents to which you are involved; any party you have given us permission to speak to (e.g. your representative, a relative or a friend); any party named under your insurance policy; industry and trade bodies; and claimants and their legal or medical representatives. If you are making a claim against an Allianz policyholder, we will share your information with our policyholder (e.g. employer/sport club) and or their agent including the financial outcome of your claim.

The personal information you provide may be used by us and shared with other insurers as well as certain statutory and other authorised bodies for anti-fraud purposes: other insurance companies to deal with the claim and to safeguard against non-disclosure and help prevent fraudulent claims; ROI- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud; No Claim Discount (NCD) to combat fraud; the Motor Insurers' Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud and to pay claims; private investigators, tracing debtors or beneficiaries, recovering debt, managing your accounts and/or insurance policies; vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations; and other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud. NI-; the Motor Insurance Anti Fraud and Theft Register (MIAFTR) and the Insurance Fraud Bureau, Claims and Underwriting Exchange Register (CUE) which are run by the MIB, to prevent and detect fraud; the Motor Insurers' Bureau (MIB) to assist in preventing or detecting theft and fraud and to pay claims; private investigators, tracing debtors or beneficiaries, recovering debt, managing your accounts and/or insurance policies; vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations; and other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud. If you have a motor policy, your personal details will be added to the Motor Insurance Database (MID) managed by the MIB, MID data may be used by the DVA for the purpose of Electronic Vehicle Licensing and by the PSNI for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers and the MIB may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on MID. You can find out more on www.mib.org.uk We will use your personal information to detect and prevent fraudulent practices and fight financial crime to meet our regulatory responsibilities. Where we obtain data from the above sources, the categories we obtain will be claims information relating to claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured.

Protecting Information Outside the European Economic Area

Your personal data may be transferred to and/or accessed from a country outside the European Economic Area ("EEA"). We will always take steps to ensure that any transfer of information outside the EEA is carefully managed to protect your privacy rights. Such transfer/access within the Allianz Group will be covered on the basis of the Allianz Group binding corporate rules (BCRs) known as the Allianz Privacy Standard (APS) which contractually obliges each member to ensure that your personal information receives an adequate and consistent level of protection wherever it is transferred within the Group. Where we transfer your data to a non-Allianz Group member or other companies providing us with a service, we will obtain contractual commitments and assurances from them to protect your personal information. Theses assurances are well recognised certification schemes like Standard Contractual Clauses. We will only transfer your personal information to countries which are recognised as providing an adequate level of legal protection or where we can be satisfied that alternative arrangements are in place to protect your privacy rights. Any requests for information we receive from law enforcement or regulators will be carefully validated before personal information is disclosed.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Statement to them. Where it is not possible to do so, you must make them aware of this Data Protection Statement and the terms of the insurance (including changes to the terms or processing activities) and encourage them to read this Data Protection Statement to find out more.

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy. For the majority of policy data, this is seven years after the end of that transaction. If you do not accept a quote or complete an application for an insurance policy, your data will be kept for fifteen months and processed in line with this Statement. When a potential claim or actual claim is taken out on a policy, we hold details around this claim until a full and final settlement has been agreed. In most cases this should be seven years after the final settlement date or where a child was involved the later date of seven years after the child has turned eighteen or the settlement date. In certain cases, we are obliged to hold onto records for longer periods and we do so in line with our legal responsibilities. For more information on our data retention policies please refer to the "Contacting Us" section below.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact dataprotectionofficer@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner. For further information, please see the section "Contacting Us" below.

Automated decision making

As part of the claim handling, Allianz may use automated decision-making. If you are making a claim, we may use profiling and other forms of automated processing to assess if your claim may be fraudulent and we may use your sensitive information, to carry out this assessment. For example, we may use your unspent motoring convictions for motoring insurance. We use automated decision making as it is necessary for entering into, or performance of your insurance policy between you as the data subject and Allianz as data controller, and other uses such as those authorised by law.

In the event that profiling determines you have a high risk profile, we may not be able to offer you an insurance policy. If you wish to review an automated decision with Allianz, please contact us on dataprotectionofficer@allianz.ie.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change. For contact details, please see "Contacting Us" below.

Contacting Us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing, DataProtectionOfficer@allianz.ie or please write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland.

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Office of the Data Protection Commissioner at any time. The details of the Data Protection Commission are as follows:

Data Protection Commission 21 Fitzwilliam Square S, Dublin 2, D02 RD28

Telephone: +353 (0)761 104 800 or +353 (0)57 868 4800

Locall Number: 1890 252 231 Email: info@dataprotection.ie Fax: +353 57 868 4757

We may amend this Statement from time to time, in whole or in part, at our discretion. The latest version of this document will always be available at www.allianz.ie and will take effect on the date that it is updated.

Please review this Data Protection Statement periodically to ensure you remain informed.

5. Declaration						
I/we hereby certify that to the be and that I/we have withheld no parent/guardian acting on beha	material fact concerning the	accident or the injured p	•		•	
Signature of parent/guardian:	X		Date X	/	/	
6. Membership confirmation						
I confirm that the above named	pupil is a member of our Gro	up Pupil Personal Accid	lent cover.			
Signature of school principal:	X		Date X L	/	/	

Date of invoice	Invoice provider	Amount of invoice	Amount being claimed
		Total amount being claimed	€
8. Payment deta IBAN Code:	rils (payment will be sent to this account unless otherwise re-	quested)	
Account holder's r	name: _ _ _ _ _ _		
Bank branch add	ress:		

Please return completed form to:

Allianz p.l.c. Allianz House Elmpark Merrion Road Dublin 4

Telephone: (01) 613 3559 Email: rpaclaims@allianz.ie Website: www.allianz.ie