



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 Person

Name of Child

Name of Parent/Guardian

Address:

Telephone Number of Parent Home Business

Email Address

Creche Name

Address

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 your child be seen by our medical specialist? (If Required)

3. Details of Accident

Place

Date Time am/pm

Please give full details of accident, indicating what your child was doing at the time

What injuries has your child sustained?

Has your child previously suffered from similar injuries ? Yes No

If so, please give details

Names and Addresses of witnesses

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) of Parent/Guardian Date

Signature(s) of Creche Manager Date

Notes for Policyholders Any fee for the medical certificate is payable by the Insured. Insured may be required to submit to medical examination on behalf of an at the expense of Royal & SunAlliance in connection with any claim.

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

To

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