



## Particulars of claim

Name and address of person making claim against you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do you consider responsible?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other insurance which would cover this eventuality?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Policy No. \_\_\_\_\_

Please provide us with details of ANY credit cards which YOU hold e.g. Visa Gold Card from Barclaycard

## Claimants declaration and signature

- 1) I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
- 2) To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
- 3) I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
- 4) I hereby give my permission for any medical practitioner or authority mentioned herein to release further information regarding my medical records to 'ETI'. I am aware that all such information will be disclosed in accordance with the terms and provisions of the Access to Medical Records Act (AMRA) or other similar legislation.
- 5) I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
- 6) I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

### DATA PROTECTION ACT

The insurance industry operates a number of anti fraud initiatives. The information given on this form may be stored electronically and shared with other organisations for this purpose. If you would prefer the information given here not to be used in this way, you should tick this box.

I have read and understand the declarations above

Claimant(s) full name(s)

Claimant(s) signature(s)

Date

X

Full name of an authorised representative of the corporate policy holder (corporate and/or educational group cover)

Signature of authorised representative

Date

X