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**Members
 Claim Form**
 OFFICE USE

Registered Number _____ Name _____

Address _____

Station _____

Mobile No.: _____ Email: _____

(Please complete if your mobile number or email address has changed since your last claim)

If the claim or part of it is in respect of a child or children, their name and date of birth must be given.

Name: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Date of Birth: _____

PLEASE NOTE - Each of the four questions below **MUST** be answered before the claim can be assessed for payment - claim will be returned to you if each of these four questions are not answered and form is not signed.

Does any part of the attached claim refer to expense incurred arising from;

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|----------------------|
| Road Traffic Accident | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date if known: _____ |
| Injury on Duty | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date if known: _____ |
| GAA Sporting Injury | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date if known: _____ |
| Injury in School or Place of Work | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date if known: _____ |

LEGAL UNDERTAKING - Having ticked YES to one of the above and in the event of a compensation claim being initiated at some stage, I give the following legally binding undertakings regarding the medical expenses arising from the incident on my own or on my dependent's behalf:

- (1). I undertake to claim all medical expenses paid by the Society arising from the incident in any Court proceedings or settlement negotiations that may arise in the future in any forum and to instruct my Solicitor if one is employed by me or my family member to do likewise on our behalf.
- (2). I also undertake to acquire or have my Solicitor acquire from the Society immediately prior to any Court proceedings or settlement negotiations the precise details including invoices and current financial balance due to the Society in respect of the aforementioned medical expenses.
- (3). I further undertake to immediately remit to the Society or cause my Solicitor to remit to the Society all monies recovered in the proceedings or settlement negotiations in respect of the said medical expenses incurred by me or by a family member arising from the incident.

Brief details of incident including person injured, date, location and Solicitor details if one is employed:

By signing this Claim Form I certify that the documentation submitted in support of this claim is correct.

NB. If applicable, I acknowledge by signing this form my liability to the Society under the Legal Undertaking provided above where a Compensation Claim is initiated by me or a family member on cover at that time under my policy.

Signed: _____ Date: _____

OFFICE USE

DATE RECEIVED

TOTAL PAYMENT

€