Plaza 255 Blanchardstown Corporate Park 2 Ballycoolin Road Dublin 15



Telephone: 01 899 1604.

Fax: 01 899 1707.

LEGAL UNDERTAKING BY MEMBER

Member's NameReg No
In consideration of the payment by St. Pauls Garda Medical Aid Society of the medical
expenses/benefits incurred by me arising from the incident set out in the schedule below, ${\bf I}$
hereby inform the Society that the Solicitor acting for me in this case is;
I have instructed
him/her to claim all medical expenses/benefits in any proceedings related to my injuries and
I have further instructed him/her to repay the amount of said expenses as are recovered to
the Society from the proceeds of any awards made by the Court or any settlements
negotiated by him/her on my behalf in any such Proceedings. I have instructed him/her to
ensure that he/she acquires from the Society immediately prior to the Court hearing or
settlement talks the precise details and current balance due to the Society in respect of the
aforementioned expenses.
In addition to the above, I personally and irrevocably give all of the above undertakings
and will ensure that all expenses arising from and paid by the Society in respect of this
incident are included as part of the claim and all monies recovered in respect of the
medical expenses/benefits are paid over to the Society at the conclusion of the claim
procedure. Where the final settlement sum is paid directly to me and not to my Solicitor, I
undertake immediately and without quibble to pay over to the Society the sum recovered
in respect of all such expenses paid by the Society.
(I accept that I am liable for any fee levied by my Solicitor for providing his/her legal
undertaking to the Society.)
Signed: Dated
Date of Incident:Location of Incident

Brief Description of the incident: