NEW IRELAND ASSURANCE

Critical Illness/Specified Illness
Claim Form

- Please complete in **BLOCK CAPITALS** and tick (✓) where appropriate
- Please answer all questions fully to avoid any undue delay in considering your claim.
  If you fail to disclose all relevant information or if you give false information you could render your insurance void.
- Please note this form is not an admission of liability by New Ireland Assurance. On receipt of your claim form we will assess your claim and we will communicate with you when this process has been completed.
- Please return this form to: Claims Department, New Ireland Assurance, 11-12 Dawson Street, Dublin 2.
  Tel: 01 617 2974. Fax: 01 617 2050. Email: claim@newireland.ie
  Please ensure if sending personal data (especially sensitive personal data i.e. medical information) by email that appropriate security measures (including encrypting the data) are taken to comply with relevant regulatory obligations.

Policy Number:

1. Claimant details

Name(s):

Address:

Date of Birth: D D | M M | Y Y Y Y

Phone Number:

Email Address:

Child Name:*

Child Date of Birth:* D D | M M | Y Y Y Y

*Needed only if claim is in respect of a child.

2. Medical details

Please describe fully the extent and nature of your illness:

Have you undergone any tests or investigations to confirm this diagnosis? If so, please give details.

What treatment are you currently receiving?

On what date did symptoms first commence? D D | M M | Y Y Y Y

On what date was your diagnosis first confirmed? D D | M M | Y Y Y Y

Have you suffered from the same or any similar condition previously? If so, please give details including dates.

3. Record of medical consultations

Name and address of your current General Practitioner:

If you have changed GP in the past three years, please also advise the name and address of your previous GP:

Please advise the name and address of your main treating consultant:

Are you attending this Consultant publicly or privately?

4. General

Have any of your parents, brothers or sisters suffered from or died from heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer, paralysis or any hereditary disorder? ☐ Yes ☐ No

If yes, please advise the following information:

a. The family member(s) concerned

b. The exact diagnosis

c. The date of diagnosis

d. The age of the family member at diagnosis

Are you insured for similar benefits with another Company? ☐ Yes ☐ No

If yes, state the name of the insurer, the amount of benefit insured and whether or not you have submitted a claim in connection with such insured benefits:

Are you currently a smoker? ☐ Yes ☐ No

If no, have you ever smoked? ☐ Yes ☐ No

If yes, to either of the above, please advise:

a. What is / was your daily consumption?

b. When did you first start smoking? D D / M M / Y Y Y Y

c. When did you stop smoking? D D / M M / Y Y Y Y

d. Were there periods of time where you gave up smoking? ☐ Yes ☐ No

If yes, please advise the dates as near as possible:

5. Payment details

Following the admittance of the claim please pay the proceeds to the person shown below.

By EFT payment to the following bank account*

Account Holder Name(s)†:

Account Number (IBAN):

Swift BIC:

(your bank will be able to confirm these details if necessary)

Bank Name:

Address:

* Please note that payment by EFT is not possible for some policy types.

† Payments may only be made to either one or both policy owners.

6. Enclosures

Please include the following items with your completed claim form:

- **A certified copy of each policy owner's birth certificate (or child's birth certificate if making a claim in respect of a child) or passport.**
- **If you have copies of any medical reports in connection with your current illness, we would appreciate if you could please enclose these with your completed form, as this will assist us in processing your claim.**

7. Declaration and consent to seek further information

I declare that to the best of my knowledge and belief the information given in this Claim Form is true and complete and I have not withheld any material fact.

I consent to New Ireland Assurance seeking information in connection with this claim form from any source the Company deems necessary and I authorise the giving of such information.

I consent to New Ireland Assurance seeking information from any doctor who at any stage has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a claim has been made by me and I authorise the giving of such information.

I consent to New Ireland Assurance exchanging medical information with my doctor in the event it becomes necessary to do so to enable New Ireland Assurance assess the claim at any time.

I understand and consent that New Ireland Assurance and its duly authorised agents may hold and use the information on computer file, in any other dematerialised form or in written hard copy on it's own behalf and may use or pass the information to third parties (including, where relevant, specialist or private investigators) for matters in connection with the investigation and processing this claim and for administration, regulatory, customer care and service purposes. I agree that New Ireland Assurance or a duly authorised agent of New Ireland Assurance may contact me in person, by phone, by email, or by letter.

"Information" means any information including medical and non-medical information given by me or on my behalf in connection with this claim or any further information which may be given at a later stage either in writing, by email, at a meeting or over the telephone.

Signature of Claimant*: Date: D D M M Y Y Y Y

Signature of policy owner (If different)*: Date: D D M M Y Y Y Y

* Please note that for payment to be made to one policy owner only in the case of a joint or dual life policy, both policy owners must sign acceptance to the payment instruction outlined above.

New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

T: (01) 617 2974 **F:** (01) 617 2050.

E: Claim@newireland.ie **W:** www.newireland.ie

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