Should you require any assistance in completing this form you can contact PIAB Helpline at 1890 829 121

Form A

piab
Bord Measúnaithe Díobhálacha Pearsanta
Personal Injuries Assessment Board

Application for Assessment of Damages under Section 11 of the Personal Injuries Assessment Board Act 2003

FATAL ACCIDENT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Type of Accident - Please Tick:

Motor ☐ At Work ☐ Other ☐

Claimant Details

Application No. (Input by InjuriesBoard.ie)		
Name:		
Home Address:		
Telephone:		Mobile:

Please tick the appropriate box to advise in what capacity you are making the application:

Personal Representative ☐ Dependant ☐

Next Friend ☐ Committee ☐

Details of Deceased Person

Name:	
Address:	
Date of Birth:	
Occupation:	
Marital Status:	
Number of Children:	
Ages of Children:	
Other Dependants:	
Annual Salary:	
Cause of Death:	

piab
Bord Measúnaithe Díobhálacha Pearsanta
Personal Injuries Assessment Board

Accident Details

Date of Death (dd/mm/yyyy)	
Date of Accident (dd/mm/yyyy)	
Where did the injury / accident occur? (please detail the exact location where possible)	
Please provide brief details of accident circumstances:	

THE RESPONDENT IS THE PERSON OR COMPANY YOU ARE MAKING THE CLAIM AGAINST AND ARE HOLDING RESPONSIBLE FOR THE INJURY/ACCIDENT. IF THERE ARE MORE THAN THREE RESPONDENTS, PLEASE ADD ON A SEPARATE SHEET.

RESPONDENT Number 1

Name:					
Address:					
Relationship to Deceased (*e.g. Employer)*					
Contact Name *(if known)*		Phone:			
If this is a Motor claim please provide the following additional details *(if known)*					
Registration Number of the Respondent's vehicle:		Make		Model	
Respondent Insurance Company:					
Respondent Insurance Policy Number / Claim Number:					

RESPONDENT Number 2

Name:					
Address:					
Relationship to Deceased (*e.g. Employer)*					
Contact Name *(if known)*		Phone:			
If this is a Motor claim please provide the following additional details *(if known)*					
Registration Number of the Respondent's vehicle:		Make		Model	
Respondent Insurance Company:					
Respondent Insurance Policy Number / Claim Number:					

RESPONDENT Number 3

Name:					
Address:					
Relationship to Deceased (*e.g. Employer)*					
Contact Name *(if known)*		Phone:			
If this is a Motor claim please provide the following additional details *(if known)*					
Registration Number of the Respondent's vehicle:		Make		Model	
Respondent Insurance Company:					
Respondent Insurance Policy Number / Claim Number:					

Special Damages e.g. funeral expenses, out of pocket expenses.

Are you claiming for loss or expense incurred? If "Yes", please attach receipts and state the amount:	Yes ☐ No ☐ €
Is further loss or expense expected? If "Yes", please detail and estimate amount involved:	Yes ☐ No ☐ €

It is important to note that you will have an opportunity to update and detail your final claim for special damages before any assessment is made.

I hereby declare that the above information is, to the best of my knowledge, true and accurate in every respect

Signature of Claimant: _____

Dated: _____

Please note, the Respondent/s named by you and their insurers where known will be copied with your application form and supporting documentation in order that they may know the nature and extent of your claim. The Respondent and their insurers are required to treat such information confidentially and not to further disclose it.

Please include the following items with the Application:

- Copy of Death Certificate
- Copies of any correspondence between you and the person(s) you hold responsible for the accident
- Receipts and vouchers for any financial loss/expense incurred
- Any other documentation you consider relevant to your claim
- Payment of €45. This can be paid by cheque/postal order, payable to Personal Injuries Assessment Board or alternatively the fee can also be paid by contacting 1890 829 121 with the following credit/laser card details.
    - Name of Cardholder:
    - Credit Card Number:
    - Credit Card Type:
    - Expiration Date:

Completed Application and necessary documentation should be returned to:
Personal Injuries Assessment Board, P.O. Box 8, Clonakilty, Co. Cork.
