Injuries Resolution Board Application Form

December 2023 Version 1.1

Please use **BLOCK CAPITALS** to fill in this form.

For this application to be deemed complete by the Injuries Resolution Board, it must include the following:

- All mandatory fields marked with an * must be completed
- Claimant Declaration as set out in Section 13 must be signed by the claimant
- The application form must be accompanied by a medical report which has been prepared by a medical practitioner and sets out the personal injuries allegedly sustained by the claimant in the accident or incident detailed in this application.
- Payment of PIAB's processing fee of €90

Guidance notes to support with the completion of this form are available at the forms and guides section of our website.

Section 1: Claimant Details – Injured Party

***Name:†**

***Home Address:**

Eircode:

***Mobile Number:**

Landline Number:

Don't have a contact phone number:

Email Address:

Occupation:

Gender: Male Female

***Date of Birth:** / /

PPS Number:*

† This should be consistent with Personal Public Service Number (PPSN) record.

*** In cases where a PPSN has never been issued to you, other forms of identification will be accepted. These include a valid Driving Licence, a valid Passport and a valid National Identity Card.*

Section 2: Claimant Details – Next Friend if applicable: (See Guidance Note)

*Name:†

*Home Address:

*Relationship to Injured Party:

Eircode:

*Mobile Number:

Landline Number:

Don't have a contact phone number:

Email Address:

Gender: Male Female

*Date of Birth: / /

*PPS Number:**

† *This should be consistent with Personal Public Service Number (PPSN) record.*

** *In cases where a PPSN has never been issued to you, other forms of identification will be accepted. These include a valid Driving Licence, a valid Passport and a valid National Identity Card.*

Section 3: Claimants Solicitor Details (if applicable):

Firm Name:

Contact Name:

Solicitor Reference Number:

Postal Address:

Eircode:

DX Address:

Contact Number:

Email Address for correspondence:

Section 4: Accident/Incident Details

***Please confirm the nature of your claim from the options below:**

- ☐ 1. Motor Liability – proceed to Section 5
- ☐ 2. Public Liability – proceed to Section 6
- ☐ 3. Employer Liability – proceed to Section 6

Section 5: Motor Liability Questions – If claim is not relating to a motor accident/ incident, please go to Section 6 of this form.

***How were you involved in the accident/incident?**

- ☐ I was a pedestrian
- ☐ I was cycling
- ☐ I was driving a car, pick up truck or van
- ☐ I was driving a bus or heavy transport vehicle (lorry)
- ☐ I was riding an electric bike or scooter
- ☐ I was driving a motorcycle
- ☐ I was a passenger in a car, pick up truck or van
- ☐ I was a passenger in a bus or heavy transport vehicle (lorry)
- ☐ I was a passenger on a motorcycle

Other (please specify)

***Please detail how the accident/incident happened:**

- ☐ Injured in collision with car, pick up truck or van
- ☐ Injured in collision with fixed or stationary object
- ☐ Injured in collision with heavy transport vehicle or bus
- ☐ Injured in collision with railway train/railway vehicle
- ☐ Injured in collision with a motorcycle
- ☐ Injured in collision with an electric bicycle or scooter
- ☐ Injured in collision with a pedestrian or animal
- ☐ Injured in a non-collision accident (where braking or swerving were involved)

Other (please specify)

***Date of accident/ incident:** DD/MM/YYYY

__ __ / __ __ / __ __ __ __

***Time of accident/ incident:**

- ☐ 00:00-06:00
- ☐ 06:00-10:00
- ☐ 10:00-12:00
- ☐ 12:00-16:00
- ☐ 16:00-19:00
- ☐ 19:00-23:59

***What was the purpose of your journey or activity at the time of accident/incident?**

- ☐ Driving to or from work
- ☐ Sport or Exercise
- ☐ Recreation/Hobby/Leisure
- ☐ Working in Agriculture/Forestry/Fishing
- ☐ Working in Manufacturing
- ☐ Working in Construction
- ☐ Working in Wholesale/Retail
- ☐ Working in Transport/Storage
- ☐ Working in Government administration, or Defence Forces
- ☐ Working in Health Services
- ☐ Working in finance/insurance/education
- ☐ Working in childcare/hospitality/cultural/religious
- ☐ Working in property/business/energy supply

Other (please specify) _____

***In your own words please briefly outline how the accident/incident happened here:**

_____

_____

_____

_____

_____

***Please detail the location type and address of where the accident/incident occurred.**

- [ ] Road/Motorway
- [ ] Footpath
- [ ] Cycleway
- [ ] Car park
- [ ] Garage/Service Station
- [ ] Driveway to home
- [ ] Industrial/Construction area
- [ ] Factory/Warehouse
- [ ] Farm
- [ ] Public property/premises
- [ ] Pub/Restaurant/Hotel
- [ ] Retail premises
- [ ] School/College
- [ ] Sports/Leisure Facility
- [ ] Residential institution
- [ ] Hospital/Health Care Facility

Other (please specify) _____

*Town/City _____

*County _____ *Country _____

***Please provide additional details regarding the accident/incident location:**

_____

_____

_____

_____

_____

Section 6: Public Liability or Employer Liability Questions

***Please detail the cause of the accident/incident:**

- ☐ Trip/slip/fall
- ☐ Laceration from a sharp object
- ☐ Fall from a height
- ☐ Accident involving agricultural machinery
- ☐ Crush injury
- ☐ Repetitive strain injury
- ☐ Dog bite/attack
- ☐ Foreign body in eye
- ☐ While on an aircraft or marine vessel
- ☐ Lifting/moving weight e.g. goods/people
- ☐ Accident involving power tools/household machinery
- ☐ Struck by falling object
- ☐ Burn from food/drink
- ☐ Assault
- ☐ Electrocution
- ☐ Food poisoning
- ☐ Exposure to noise

Other (please specify) _____

***Date of accident/incident or date range if over a period time:**

__ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ __

***Time of accident/incident:**

In the event there is a date range selected, the time is not applicable.

- ☐ 00:00-06:00
- ☐ 06:00-10:00
- ☐ 10:00-12:00
- ☐ 12:00-16:00
- ☐ 16:00-19:00
- ☐ 19:00-23:59

***What activity were you doing at the time of the accident/incident:**

- ☐ Sport or Exercise
- ☐ Recreation/Hobby/Leisure
- ☐ Resting/Sleeping/Eating
- ☐ Studying/Voluntary Work/Housework/DIY
- ☐ Working in Agriculture/Forestry/Fishing
- ☐ Working in Manufacturing
- ☐ Working in Construction
- ☐ Working in Wholesale/Retail
- ☐ Working in Transport/Storage
- ☐ Working in Government administration, or Defence Forces
- ☐ Working in Health Services
- ☐ Working in finance/insurance/education
- ☐ Working in childcare/hospitality/cultural/religious
- ☐ Working in property/business/energy supply

Other (please specify) _____

***In your own words please briefly outline how the accident/incident happened:**

_____

_____

_____

_____

_____

***Please detail the location type and address of where the accident/incident occurred.**

- ☐ Road/Motorway
- ☐ Footpath
- ☐ Cycleway
- ☐ Car park
- ☐ Garage/Service Station
- ☐ Driveway to home
- ☐ Home
- ☐ Industrial/Construction area
- ☐ Factory/Warehouse
- ☐ Farm
- ☐ Office
- ☐ Public property/premises
- ☐ Pub/Restaurant/Hotel
- ☐ Retail premises
- ☐ School/College
- ☐ Sports/Leisure Facility
- ☐ Sports Ground
- ☐ Residential institution
- ☐ Hospital/Health Care Facility
- ☐ Airport or transport station

Other (please specify)

*Town/City

*County

*Country

***Please provide additional details regarding the accident/incident location:**

Section 7: Mediation Service (only applicable in the case of Employer Liability Claims)

The Injuries Resolution Board now offers Mediation services in Employer Liability cases.

Mediation is offered in advance of the assessment of a personal injuries claim. In a mediation parties will have the opportunity to explore all issues relating to a claim including compensation, liability, loss of earnings, and future treatment requirements to mention a few.

If you opt for mediation, the Injuries Resolution Board will arrange for an impartial and experienced mediator to work with you and those against whom you have made the claim to achieve an agreed outcome.

Mediation will typically be telephone based and parties do not need to talk directly to each other. The mediator, through a series of separate phone calls, will listen to all parties to gain a full understanding of the issue(s) and will help them to make an agreement.

The key reasons to opt for mediation are that is allows for discussion around the issues relating to a claim, the process is typically quite short, and all agreements made are legally binding. For more information on our mediation process please refer to the Injuries Resolution Board website - www.injuries.ie

Please advise if you agree to mediation for this claim.

☐ Yes ☐ No

Section 8: Injury Details

***Please outline the nature of the main injury or injuries you have suffered.**

Body Part Affected	Soft Tissue[A]	Fracture[B]	Body Part Affected	Soft Tissue[A]	Fracture[B]
Upper Back			Hand		
Head/Face			Upper Leg		
Neck			Knee		
Lower Back			Lower Leg		
Hip/Pelvis			Ankle		
Shoulder			Foot		
Upper Arm			Dental		
Lower Arm			Chest		
Elbow			Other injuries (please detail)		
Wrist					

[A] *Examples of soft tissue can include sprains, strains, bruising, lacerations, dislocations etc.*

[B] *A fracture is the medical term for a broken, cracked or chipped bone.*

***If you selected other injuries above, please specify below:**

***In your own words please describe the injury or injuries you have suffered:**

Section 9: Medical Report

*Please attach a medical report which has been prepared by a medical practitioner and sets out the personal injuries allegedly sustained by the claimant in the accident or incident detailed in this application.

Have you received any medical attention for the injury? ☐ Yes ☐ No

On what date did you first seek medical attention? ☐☐ / ☐☐ / ☐☐☐☐

Have you suffered any other injuries in the past five years? ☐ Yes ☐ No

If yes, please specify:

Do you suffer from any other medical condition? ☐ Yes ☐ No

If yes, please specify:

Have you suffered any other accidents or injuries since the date of the accident/incident which is the subject of this application? ☐ Yes ☐ No

If yes, please specify:

Were you hospitalised as a result of the accident/incident which is the subject of this application? ☐ Yes ☐ No

If yes, please provide the hospital name and dates you were hospitalised:

Section 10: Expenses Incurred

Will you be claiming medical expenses?		Yes		No		Undecided
Have you been out of work as a result of the injury?		Yes		No		Undecided
Will you be claiming for loss of earnings?		Yes		No		Undecided
Are you still out of work?		Yes		No		n/a

Details of special damages claimed must be provided to the Injuries Resolution Board in advance of its assessment. Invoices and/or receipts should be retained as these will be required in support of the claim.

Section 11: Respondent Details

We have included fields for two Respondents but if there are more than that, please provide their details on an additional sheet and attach to this application.

Respondent 1

***Name:**

***Address:**

Respondent Eircode

Respondent's Insurance Company:

Respondent's Insurance Company Address:

If this is a motor claim, please provide the following if known:

Respondent Insurance Claim/Policy Number:

Respondent Vehicle Registration Number:

Vehicle make:

Vehicle model:

Respondent 2

*Name:

*Address:

Respondent Eircode

Respondent's Insurance Company:

Respondent's Insurance Company Address:

If this is a motor claim, please provide the following if known:

Respondent Insurance Claim/Policy Number:

Respondent Vehicle Registration Number:

Vehicle make:

Vehicle model:

Section 12: Additional Details

Please attach to this application any other document(s) or submissions that you consider relevant to your claim.

	Title of Document	Document Description
1		
2		
3		
4		
5		
6		
7		
8		

*Section 13: Claimant Declaration

I confirm that the information provided with this application is true and accurate.

I understand that in accordance with section 80A of the Act it is a criminal offence to knowingly or recklessly provide false or inaccurate information to the Board and I confirm that I have reviewed this application and the documents submitted with it in full.

I further acknowledge that I have a continuing obligation to ensure that all information provided to the Board on my behalf is true and accurate.

Print Name:

Claimant Signature:

Date: / /

The Act referred to in the claimant declaration detailed at Section 13 refers to The Personal Injuries Resolution Board Acts 2003 to 2022.

Please note, the Respondent/s named by you, and their insurers where known, will be copied with your application form and medical report in order that they may know the nature and extent of your claim. The Respondent and their insurers/legal advisors are required to treat such information confidentially and not to further disclose it. SMS messaging may be used to inform you about medical appointments. The Injuries Resolution Board respects the privacy rights of all persons in accordance with current Irish Data Protection legislation. The Injuries Resolution Board only processes your data in line with PIAB's statutory duties and in line with data protection obligations. We only retain data for as long as necessary under its data retention policy and Data Protection Policy. For any Data protection queries, please contact enquiries@piab.ie

Completed Application and necessary documentation should be returned to:
Injuries Resolution Board, P.O. Box 8, Clonakilty, Co. Cork. P85 YH98