

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 12 must be signed by the claimant
- Please include a copy of the death certificate. If the death certificate is not available, please enclose the interim death certificate.
- Payment of the Injuries Resolution Board processing fee of €45

Section 1: Claimant Details				
Please tick the app	propriate box to	advise in what capaci	ty you are making the ap	oplication:
Personal representa	tive	Dependant	Committee	Next friend
*Name:†				
*Home Address:				
Eircode:		*Mobile	e 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 2: De	etails of the Deceased perso	n		
Name:)
*Home Address:				
Eircode:		Gender:	Male	Female
*Date of Birth:		*PPS Number:**	*	
Occupation:)
Marital Status:	Married Single	Separated	Divorced	Cohabitant
Number of Children:	Ages of Children:)
Other				
dependents, (please list):				
Appual Salary				
Annual Salary				

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

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

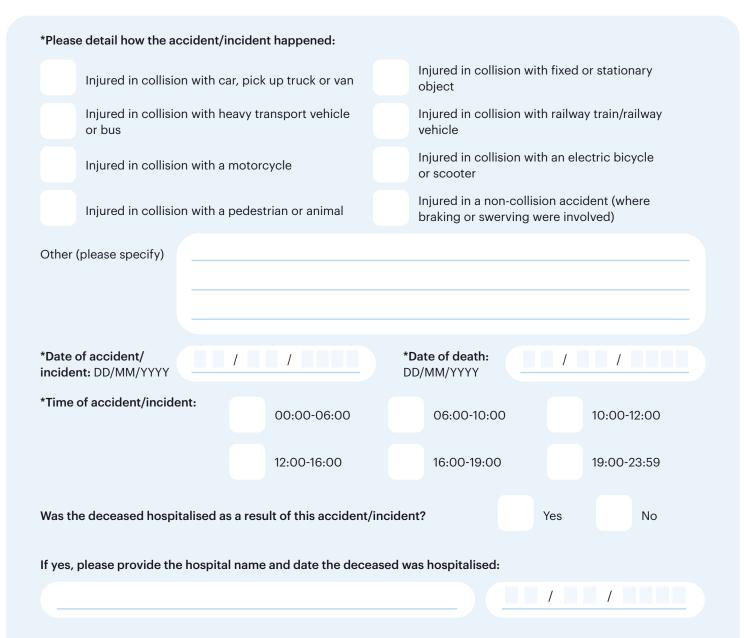
Fatal Accident Application Form



Sec	tion 3: Claimants Solicitor Details (if appli	icable):
Firm N	ame:	
Contac	ct Name:	
Solicite Refere Numbe	nce	
Postal	Address:	
Eircod	e: DX Address:	
Contac Numbe		
Sec	tion 4: Accident/Incident Details	
*Please	e confirm the nature of your claim from the options l	below:
1.	Motor Liability 2. Public Liab	
	ection 5: Motor Liability Questions – If clair cident, please go to Section 6 of this form.	
*How v	was the deceased involved in the accident/incident?	?
	Pedestrian	Cyclist
	Driving a car, pick up truck or van	Driving a bus or heavy transport vehicle (lorry)
	Riding an electric bike or scooter	Driving a motorcycle
	Passenger in a car, pick up truck or van	Passenger in a bus or heavy transport vehicle (lorry)
	Passenger on a motorcycle	

Other (please specify)







What was the purpose of the deceased's 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 Working in Health Services **Defence Forces** Working in childcare/hospitality/cultural/ Working in finance/insurance/education religious Working in property/business/energy supply Other (please specify) *Please briefly outline how the accident/incident happened here: *Please detail the location type and address of where the accident/incident occurred. Footpath Road/Motorway 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

Hospital/Health Care Facility Residential institution

Sports/Leisure Facility

Fatal Accident Application Form



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		Accident involving power tools/household machinery	
	Laceration from a sharp object		Struck by falling object	
	Fall from a height		Assault	
	Accident involving agricultural machinery		Electrocution	
	Crush injury		Food poisoning	
	Dog bite/attack			
Other	(please specify)			

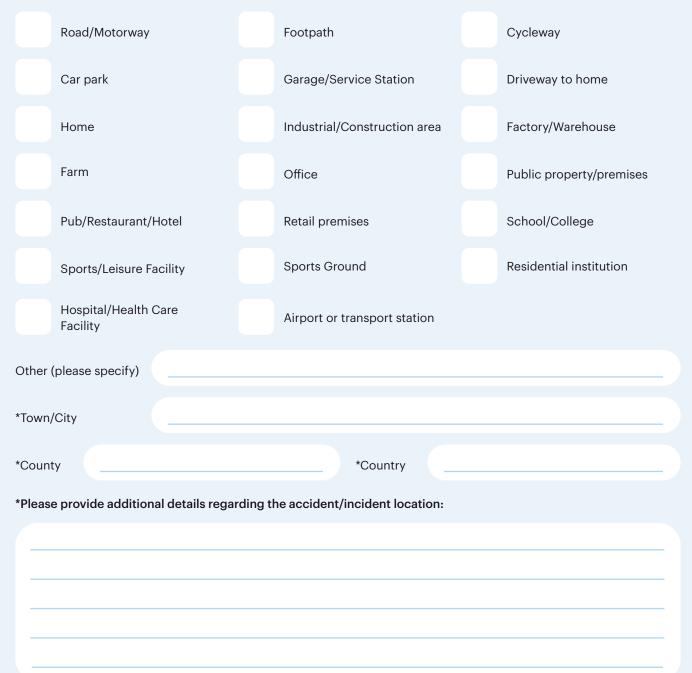


*Date of accident/incident or date range if over a period time: / / / / to *Date of death: / / DD/MM/YYYY *Time of Accident: 00:00-06:00 06:00-10:00 10:00-12:00 In the event there is a date range selected, the time is not 12:00-16:00 16:00-19:00 19:00-23:59 applicable. What activity was the deceased 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 Government administration, or Working in Transport/Storage **Defence Forces** Working in finance/insurance/education Working in Health Services Working in childcare/hospitality/cultural/ Working in property/business/energy supply religious Other (please specify)

Please briefly outline how the accident/incident happened:



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





Section 7: Expenses Incurred

Will you be claiming for loss or expenses incurred?	Yes	No	Undecided
Is there a claim for financial dependency?	Yes	No	Undecided

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

Section 8: 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 cl	aim, please provide the following if known:
Respondent Insura Claim/Policy Numb	
Respondents Vehic Registration Numb	
Vehicle make:	Vehicle model:

Fatal Accident Application Form



Respondent 2			
*Name:)
*Address:			
Respondent Eircode			
Respondent's Insurance Company:			
Respondent's Insurance Company Address:			
If this is a motor cl	aim, please provide the following if knc	own:	
Respondent Insura Claim/Policy Numb			
Respondents Vehi Registration Numb			
Vehicle make:		Vehicle model:	

Section 9: 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		



*Section 10: 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 10 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 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. The Injuries Resolution Board respects the privacy rights of all persons in accordance with current Irish Data Protection legislation. PIAB only processes your data in line with the Injuries Resolution Board'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