Injuries Resolution Board
Fatal Accident Application Form
December 2023 Version 1.1

INJURIES RESOLUTION BOARD

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

☐ Personal representative ☐ Dependant ☐ Committee ☐ Next friend

***Name:†** ____________________

***Home Address:** ____________________

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.*

INJURIES RESOLUTION BOARD

Section 2: Details of the Deceased person

***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):

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.*

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 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)

***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 __ / __ / ____

***Date of death:** 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

Was the deceased hospitalised as a result of this accident/incident? ☐ Yes ☐ No

If yes, please provide the hospital name and date the deceased was hospitalised:

______ __ / __ / ____

Fatal Accident Application Form

INJURIES RESOLUTION BOARD

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 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) ______________________________

***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
- ☐ Dog bite/attack
- ☐ Accident involving power tools/household machinery
- ☐ Struck by falling object
- ☐ Assault
- ☐ Electrocution
- ☐ Food poisoning

Other (please specify)

Fatal Accident Application Form

INJURIES RESOLUTION BOARD

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

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

*Date of death: DD/MM/YYYY __ __ / __ __ / __ __ __ __

*Time of Accident:

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 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 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) ______________________

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: 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 claim, please provide the following if known:

Respondent Insurance Claim/Policy Number: ____________________

Respondents 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:

Respondents Vehicle Registration Number:

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