NEW IRELAND ASSURANCE

Hospital Cash
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

Child Name:*

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

Telephone Number:

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

2. Medical details - Please answer the following questions as fully as possible

Please describe your illness or injury:

If injury please advise

1. Date of accident: D D | M M | Y Y Y Y

2. Circumstances of accident:

If illness please advise

3. Date symptoms first appeared: D D | M M | Y Y Y Y

4. Date medical advice first requested: D D | M M | Y Y Y Y

5. (a) Have you consulted a doctor previously for this injury/illness?

(b) If "Yes", please give details including dates and doctor/hospitals involved:

6. Name and address of your usual doctor:

3. Hospital details

Date of Admission: D D M M Y Y Y Y

Time: am/pm

Date of Discharge: D D M M Y Y Y Y

Time: am/pm

If still confined please indicate expected duration from today: days

Name and address of hospital:

Please enclose a hospital invoice or letter from your hospital confirming the dates of your admission and discharge. Please note that we will be unable to finalise your claim without this information.

4. 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.

5. Declaration and consent to seek further information

I hereby declare that, to the best of my knowledge, all answers given by me on this claim form are true and complete.
I consent to New Ireland Assurance Company plc seeking any medical information from any doctor who has at any time attended me and any information from any insurance office to which a proposal has been made on my life and I authorise the giving of such information to you.

I understand and consent that New Ireland 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 its own behalf and may use or pass the information to third parties for administration, regulatory, customer care and service purposes. I agree that New Ireland or a duly authorised agent of New Ireland 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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