

## Guidance notes for the completion of your Personal Injuries Assessment Board Application Form

Please ensure that all sections of the application form are completed in **BLOCK CAPITALS**:

### Section 1: Claimant Details – Injured Party

- This is the injured party's first name and surname as it appears on Irish income tax or social welfare records (Revenue Commissioners or Department of Social Protection).
- This is the address at which the injured party ordinarily resides (where they live the majority of the time).
- This is the contact number, either mobile or landline, at which the injured party can be contacted directly. If the injured party does not have a contact number, please indicate this on the application form.
- This is an email address specific to the injured party.
- Please detail the occupation of the the injured party
- Gender – select as appropriate.
- The date of birth provided on the application form must match your PPSN records and should be completed in the following format (dd/mm/yyyy).
- A person's PPSN is a Personal Public Service Number, which is a unique identifier that helps you access state benefits, for making a claim, providing your PPSN is mandatory. Only in cases where a PPSN has never been issued will PIAB accept one of the other documents referred to below in **List 1**.

### Section 2: Claimant Details – Next Friend (if applicable)

- Where the injured party is a minor or a person of unsound mind, they may be represented by a personal representative who will act on their behalf throughout the PIAB process. This personal representative is referred to as a Next Friend.
- This is the name of your representative (referred to as 'Next Friend). They need to provide their first name and surname as it appears on Irish income tax or social welfare records.
- This is the address at which the Next Friend ordinarily resides (where they live the majority of the time).
- Please detail the next friends relationships to the injured party.
- This is the contact number, either mobile or landline, at which the Next Friend can be contacted directly.
- This is an email address specific to the Next Friend.
- Gender – select as appropriate.
- Date of birth for the Next Friend on the application form must match the PPSN records for the Next Friend.
- A person's PPSN is a Personal Public Service Number, which is a unique identifier that helps you access state benefits, PPSN is mandatory and must be completed. Only in cases where a PPSN has never been issued will PIAB accept one of the other documents referred to below in **List 1**.

### Section 3: Claimants Solicitor Details (if applicable):

- Name of the solicitors' firm representing you in your personal injury claim.
- Full name(s) of the solicitor(s) representing you in your personal injury claim.
- Solicitor's reference number. This is the reference number the solicitor has assigned to your case
- Full postal address for the solicitor's firm.
- DX (Document Exchange) Address: DX address specific to your solicitors' firm.
- Contact number for the solicitor's firm.
- Contact email for the solicitor's firm.

### Section 4: Accident/Incident Details

- Select as appropriate the type of accident/incident you were involved in.

## Section 5: Motor Liability Details (if the accident/incident was not a Motor Accident/Incident, move to Section 6)

- Please select the option which best describes your activity at the time of the accident/incident. If your activity is not listed, please select 'Other' and provide additional information in the space provided.
- Please select the option which best describes how the accident/incident you were involved in happened. If none of the suggested answers reflect how your incident/accident occurred, please select 'Other' and provide additional information in the space provided.
- This relates to the specific date(s) when the accident/incident occurred. It is important that the date(s) are accurate so please ensure that you consider this date carefully. If the incident/accident happened around midnight, it is important to consider whether the event happened before midnight or after midnight and insert the appropriate date of accident/incident.
- This relates to the specific time the accident/incident(s) occurred, please select the appropriate time band.
- Please detail the purpose of your journey at the time the accident/incident occurred.
- In this section, please detail in your own words how the accident/incident happened. Please be as detailed as possible in your answer.
- Please select the option which best describes the location type where the accident/incident happened. If an appropriate location is not listed, please select 'Other' and provide additional information in the space provided.
- Please provide the address where the accident/incident occurred. This must detail the Town/City, County & Country in which the accident happened.
- In this section, please detail in your own words where the accident/incident happened. Please be as detailed as possible in your answer.

## Section 6: Public or Employer Liability Details

**(A Public Liability claim is for an injury which occurred in a public place. An Employer Liability claim is for an injury which occurred while at work.)**

- Please select the option which best describes the accident/incident you were involved in. If the accident/incident cause is not listed, please select 'Other' and provide additional information in the space provided.
- This relates to the specific date(s) when the accident/incident occurred. It is important that the date(s) are accurate so please ensure that you consider this date carefully. If the incident/accident happened around midnight, it is important to consider whether the event happened before midnight or after midnight and to insert the appropriate date of accident/incident.
- If the accident/incident was ongoing over a period of time, a date range can be populated here.
- This relates to the specific time the accident/incident(s) occurred, if you provided a date range above, you do not need to complete this question.
- Please detail which activity you were doing at the time of the accident/incident. Were you working, studying or exercising for example? If an appropriate activity is not listed, please select 'Other' and provide additional information in the space provided.
- In this section, please detail in your own words how the accident/incident happened. Please be as detailed as possible in your answer.
- Please select the option which best describes the location type where the accident/incident happened. If an appropriate location type is not listed, please select 'Other' and provide additional information in the space provided.
- Please provide the address where the accident occurred. This must detail the Town/City, County & Country in which the accident happened.
- In this section, please detail in your own words where the accident/incident happened. Please be as detailed as possible in your answer.

## Section 7: Injury Details

- In this section, please detail all the injuries you have suffered as a result of the accident/incident. Please list the part of your body that has been injured and provide details as to the type of injury sustained (for example fracture, sprain, etc.). Please use the free text box to detail any parts of your body or injuries not presented in the table.
- Please detail in your own words the injuries that you sustained as a result of this accident/incident

## Section 8: Medical Report Details

- Please confirm if you have received any medical attention for the injuries sustained as a result of this accident/incident.
- If you answered 'Yes' to receiving medical attention as a result of this accident/incident, please provide the date when you first sought medical treatment.
- Please confirm if you have suffered any other injuries in the past 5 years.
- If you have suffered other injuries, please specify what other injuries you have suffered in the past 5 years.
- Please confirm if you suffer from any other medical conditions.
- If 'Yes' to suffering from other medical conditions, please detail what other medical conditions you suffer from.
- Please confirm if you have suffered any other accidents or injuries since the date of the accident, which is the subject of this application. If 'Yes', please provide details in the space provided.
- Please confirm if you were hospitalised as a result of the accident/incident which this claim relates to.
- If you were hospitalized as a result of the this accident/incident please provide details of the hospital name and dates which you were hospitalised.

## Section 9: Expenses Incurred Details

- If you have incurred medical expenses or other out of pocket expenses as a result of this accident/incident, please confirm if you intend to submit a claim in respect of these medical and out of pocket expenses. Please note that these expenses can be submitted at a later stage.
- Please confirm if you were out of work for any period as a result of this accident.
- If you answered 'Yes' to being out of work, please confirm if you will be making a claim for loss of earnings.
- Please confirm if you are still out of work.

## Section 10: Respondent Details

- Please detail the name of the individual or organisation whom this claim is being made against.
- Please provide the full address for the individual or organisation that this claim is being made against.
- Please provide the respondents Eircode (if known).
- Please provide the name of the respondent's insurance company.
- Please provide the address of the respondent's insurance company
- In the case of a motor claim, please provide details of the respondent's policy number, vehicle registration number and the vehicle make and model.

## Section 11: Additional Information

- If there is any additional information which you believe is relevant to this claim, please attach all such supporting information to this application form. Please list the additional supporting documents that are being attached and provide a brief description of same in the table in Section 11 of the application form.

## Section 12: Declaration

- Please ensure you have completed all sections of the application form. Once complete please ensure that you attached with this application form a treating medical report which has been prepared by a medical practitioner and sets out the personal injuries sustained by the claimant in the accident/incident detailed in this application. Once you are satisfied that all is completed fully, please sign the declaration details in Section 12 and return this application to PIAB at: **Personal Injuries Assessment Board, P.O. Box 8, Clonakilty, Co. Cork. P85 YH98**

## List 1: Identification Documents

- A valid passport.
- A valid driver licence.
- A valid national identity card
- Or a formal document issued by the government of Ireland indicating an individual's right to reside in the State.