

# Introducing the IPB Digital Claim Form

## Transforming Claims for Better Service and Efficiency


### Benefits for Students & Stakeholders

- Faster claims handling: Submit details quickly and efficiently online, accelerating the claims process to support parents
- Cost reduction: Proven results in other IPB sectors show a reduction in overall costs — helping lower insurance premiums
- Enhanced Professionalism: School/ETB/IPB are presented as modern, efficient organisations, strengthening our relationships
- Reduced administration for School/ETB/IPB: The system reduces low-level administrative workload for you and parents
- Seamless validation: Automatic notifications to school administrators or ETB contacts allow schools to ensure claims payments are going where they are intended

### How the Digital Claim Form Works

- Student/Parent/Guardian contacts school claim
- School will share information on how to claim, visit **[www.ipb.ie/claims](http://www.ipb.ie/claims)** and open the Personal Accident tab. (including/confirming the school Eircode)
- Student/Parent/Guardian complete the form online via our secure website
- Student/Parent/Guardian can attach receipts and supporting documents for faster processing
- Automatic email notification to school/ETB, to support your knowledge of accidents in your school
- Use of school and Student Eircode for accuracy
- The paper form remains available and will still be accepted.



**Student Personal Accident Expense Form** 

Important note: Please make sure that the information you give is as clear and complete as possible. You must attach any receipts with this claim form. All sections of the claim form must be completed. Please complete in BLOCK CAPITALS or on-line save and print. Completed forms should be scanned or photographed and emailed to: [claims@ipb.ie](mailto:claims@ipb.ie)

**1) ETB Details**

ETB Name:   
 Address:   
 Telephone No:   
 School email Address:

**2) Injured Student Details and parent/guardian details**

Student's Name:   
 Address:   
 Eircode:  Age at time of accident:   
 Parent/Guardian name:   
 Phone No:   
 Parent/Guardian email address:   
 Location of accident:  Time of accident:   
 Date of accident:   
 Nature of injury:   
 Did injured student require medical treatment? Yes ☐ No ☐ Total cost of Medical Expenses €   
 Are injuries ongoing? Yes ☐ No ☐  
 If 'Yes', please give further details:   
 If 'Yes', state the name and address of the doctor/hospital:

Working to make a difference



**IPB Insurance**

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland

+353 1 639 5500 +353 1 639 5510 [www.ipb.ie](http://www.ipb.ie)

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