# Allianz 🕕

# Camogie Personal Accident Insurance Scheme

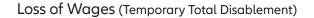
# How to complete this form

Dental/medical expenses – Sections A, B, F and G Loss of wages (temporary total disablement) employed – Sections A, B, D, E, F and G Loss of wages (temporary total disablement) self-employed – Sections A, B, D, E, F and G PLEASE USE BLOCK LETTERS IF SUBMITTING HANDWRITTEN

| Section A. To be co   | mpleted in           | n all cases.           |   |                        |    |  |  |  |
|---|----------------------|------------------------|---|------------------------|----|--|--|--|
| Claimant/Injured Person   |                      |                        | Name of Club                            |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| Full Address of Claimant  |                      |                        | Full Address of Club                    |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| Date of Birth   |                      |                        | Grade of Team (e.g. Senior, U18 etc.)   |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| Contact Number  |                      |                        | Match official/trainer (please specify) |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| Contact Email Address   |                      |                        |   |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| Employment Status (tick as<br>Student Employed<br>Occupation (if applicable)  | Self Em              | ployed                 | Not in Employment                       |                        |    |  |  |  |
| Medical Insurance Details   |                      |                        |   |                        |    |  |  |  |
| VHI?  | Yes                  | No                     | Other Insurance?                        | Yes                    | No |  |  |  |
| Laya Healthcare?  | Yes                  | No                     | Aviva?                                  | Yes                    | No |  |  |  |
| Please specify full name of your Medical Insurance Cover Plan   |                      |                        |   |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
|   |                      |                        |   |                        |    |  |  |  |
| The Camogie Personal Accident Insura<br>medical insurance, a claim must be ma<br>covered for your medical costs from yo | ade with your Medico | al Provider. Therefore | you must supply a statement of accour   | nt or letter confirmin |    |  |  |  |

### Section A.(continued) To be completed in all cases.

#### Nature of Possible Claim (tick as appropriate)



- Applicable to all Insured Persons over 18 years who are in full time employment and is only payable if you are unable to work due to injury received in the course of playing/training Camogie.
- This Benefit shall pay for otherwise unrecoverable loss of basic nett wage excluding overtime, bonuses and unsociable working hours and shall be payable for 104 weeks excluding the first two weeks.
- Social Welfare shall be considered as recoverable income and will be deducted from the basic nett wage figure.
- Benefit is payable for each complete week (7 consecutive days)and no Benefit shall be payable for partial weeks.
- The maximum benefit payable is as follows: Weeks 1 to 2 – €Nil. Weeks 3 to 104 – up to €500

#### Medical/Physiotherapy Expenses

- Non-recoverable medical expenses up to a limit of €10,000excluding the first €75.00 (adult member)\€50.00 (youth member).
- Physiotherapy only claims where there is no other medical expense is subject to an excess of 10% of the cost of the prescribed treatment or a minimum of €75.00 per Adult\Youth Member claim.

#### **Dental Expenses**

Non-recoverable dental expenses up to a limit of €10,000 excluding the first €75.00 (adult member)\€50.00 (youth member).

### Hospital Confinement

 €20.00 per complete day (24 hour period) up to a maxium of 90 days from the day of 1st confinement.

#### Permanent Disability

- Death €125,000 Adult, €40,000 Youth (under 18 years) Permanent total loss of sight in one eye or loss\loss of use of one limb €125,000
- Permanent total loss of sight in both €125,000 eyes or loss\loss of use of both limbs

#### The above is purely a summary of benefits payable for assistance when completing this claim form.

| Section B. To be completed in all cases |                                 |  |    |  |  |  |  |
|---|---------------------------------|--|----|--|--|--|--|
| Date of Injury<br>Nature of Injury      |                                 |  |    |  |  |  |  |
| Where did the injury occur?             | Camogie training Official match | Challenge match Other (please specify) |    |  |  |  |  |
| Were you wearing protective head        | gear at the time?               | Yes                                    | No |  |  |  |  |
| Brief Details of Circumstances          |                                 |  |    |  |  |  |  |
|   |                                 |  |    |  |  |  |  |
|   |                                 |  |    |  |  |  |  |

## Section C. Loss of wages certification – For completion by self employed claimant

| Name of Company  |   |
|--|---|
|  |   |
|  |   |
| Address  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Business Description                                   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Nature of Employment                                   |   |
|  |   |
|  | 1 |
|  | € |
| Amount of average weekly nett income                   |   |
| Weekly nett wage paid to substitute worker(s) (if any) | € |
|  |   |
| Reason for loss of income                              |   |
|  |   |
|  |   |
|  |   |
|  |   |

I declare that I am unfit for work following injury as a result of participating in a camogie match/training and unable to earn my average weekly income.

l attach

(i) Confirmation of my loss of net weekly wages from my Accountant (include Chartered Accountants Registration No) (ii) Details of my claim with the Department of Social, Community and Family Affairs.

Signed

Date

## Section D. Loss of Wages Certification – For completion by claimant's employer

| Employer's Name                       |                          | Phone number                | Phone number                          |                      |  |  |  |
|---------------------------------------|--------------------------|-----------------------------|---------------------------------------|----------------------|--|--|--|
|                                       |                          |                             |                                       |                      |  |  |  |
|                                       |                          | Company Registration Number |                                       |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| Address                               |                          |                             |                                       |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| Employee's name                       | Employee's PPS           | No.                         | Employee's PPS Class                  | Employee's PPS Class |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| Date employment commenced             | Date last worked         | k                           | Date of notification of loss of wages |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| Reason for loss of wages              |                          |                             | Date returned to work                 |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| Amount of loss of Basic Nett weekly   | wages                    | €                           | (excluding overtime, allo             | wances etc.)         |  |  |  |
| (Please attach 3 recent payslips or a | letter from employ       | er stating your net         | t weekly wage)                        |                      |  |  |  |
| Is the above employee contributing t  | o a company VHI c        | or equivalent schem         | ne? Yes No                            |                      |  |  |  |
|                                       |                          |                             |                                       |                      |  |  |  |
| I hereby certify that the employee is |                          |                             | · · · ·                               | of                   |  |  |  |
| at least 16 hours on average per we   | -                        | and no sick pay sch         | eme is in operation.                  |                      |  |  |  |
| Personnel Officer's/Manager's Nam     | e (block capitals)       |                             |                                       |                      |  |  |  |
| Personnel Officer's/Manager's Signa   | ature                    |                             |                                       |                      |  |  |  |
| Date                                  | Employer<br>(If no stamp |                             |                                       |                      |  |  |  |
|                                       | please atta              | ch a letter                 |                                       |                      |  |  |  |
|                                       | on compan<br>confirming  | y headed paper<br>the       |                                       |                      |  |  |  |
|                                       | above deta               |                             |                                       |                      |  |  |  |

## Section E. Social Welfare Benefit – for completion by Social Welfare Office

| I certify that the above named has been in receipt of Illness Benefit for the period |    |   |  |              |   |                |          |  |  |
|--|----|---|--|--------------|---|----------------|----------|--|--|
|  | to |   |  | at a rate of | € |                | per week |  |  |
| I certify that the above named is not entitled to Illness Benefit for the period     |    |   |  |              |   |                |          |  |  |
|  | to |   |  |              |   |                |          |  |  |
| as (please state reason)   |    |   |  |              |   |                |          |  |  |
| Official's Name (block capitals)   |    |   |  |              |   |                |          |  |  |
| Official's Signature   |    | · |  |              |   | Official Stamp |          |  |  |
| Date   |    |   |  |              | _ |                |          |  |  |
|  |    |   |  |              |   |                |          |  |  |

# Section F. Medical certification – for completion in all cases by the doctor/dentist/

|  |           |                 |          |               | priysic   | JUIE  | erupist w  | no u              | llei   |               | innunt |
|--|-----------|-----------------|----------|---------------|-----------|-------|--|-------------------|--------|---------------|--------|
| Patient's Nam  | ne        |                 |          |               |           |       |  | Patie             | nt's   | Date of Birth |        |
| Patient's Add  | ress      |                 |          |               |           |       |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  |                   |        |               |        |
| Please state s   | pecific   | diagnosis       |          |               |           |       |  |                   |        |               |        |
| Cause of disa  | bility a  | nd details of t | reatmer  | nt admi       | inistered | d     |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  |                   |        |               |        |
| Date of diagn  | osis      |                 |          | Date p<br>ity | oatient f | irst  | consulted  | you fc            | or thi | s disabil-    |        |
| Date from which unfit for work Date fit to return to wo  |           |                 |          |               |           |       |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  | wh, pieu          |        |               |        |
| Has the claim  | ant rea   | eived physioth  | nerapy t | treatme       | ent for t | his i | njury Ye   | 5                 |        | No            |        |
| If Yes, please   | give do   | ate and details | 5.       |               |           |       |  |                   |        |               |        |
|  |           |                 |          |               |           |       |  |                   |        |               | <br>ๅ  |
| Please Indica  | te if thi | s injury is Cam | ogie rel | lated         |           |       | Yes  | 5                 |        | No            |        |
| Doctor's/Dentist's/Physiotherapist Declaration   |           |                 |          |               |           |       |  |                   |        |               |        |
| I declare that to the best of my knowledge, the above information is accurate and correct and that the disability has been continuous as stated above. |           |                 |          |               |           |       | <b>Stamp</b> (If no stamp available please attach a letter on headed paper |                   |        |               |        |
| Name (block capitals)  |           |                 |          |               |           |       |  | he above details) |        |               |        |
| Signature  |           |                 |          |               |           |       |  |                   |        |               |        |
| Telephone  |           |                 |          |               | Dat       | te    |  |                   |        |               |        |

### Section G. - To be completed in all cases by claimant, Club secretary and county secretary

#### Claimant's Declaration

| I declare that to the best of my knowledge, the foregoing statements are true in every respect. I hereby authorise the doctor/dentist/physiotherapist/hospital/<br>employer/VHI/Aviva/Laya Healthcare/Dept. of Social Welfare to supply any information requested. I understand that any deliberate<br>misstatement will void the claim in it's entirety.<br>I consent for the purposes of the Data Protection Acts, 1988 and 2003 to the information I give on this claim form and any other form issued to me<br>in connection with this claim and to any other information that I give in relation to this claim being held and assessed by Allianz Ireland.<br>I give my authorisation that any information pertaining to this claim may be provided to any persons deemed relevant by Allianz Ireland in<br>assessment of this claim. |   |                |                     |  |  |  |  |
|--|---|----------------|---------------------|--|--|--|--|
| Signature  |   | Date           |                     |  |  |  |  |
| Club Secretary's Dec   | laration                                |                |                     |  |  |  |  |
| I declare that the above n<br>sanctioned Camogie Gan   | Yes                                     | No             |                     |  |  |  |  |
| I declare that the above n<br>ly sanctioned Training See   | Yes                                     | No             |                     |  |  |  |  |
| Name (block capital  | s)                                      |                |                     |  |  |  |  |
| Signature  |   | Date           |                     |  |  |  |  |
| Passed by County Se  | cretary                                 | -              |                     |  |  |  |  |
| I declare that this wa   | Yes                                     | No             |                     |  |  |  |  |
| I declare that this wo   | Yes                                     | No             |                     |  |  |  |  |
| Name (block capital  | s)                                      |                |                     |  |  |  |  |
| Signature  |   | Date           |                     |  |  |  |  |
|  | Allianz Iroland I Campaio Porsonal Assi | hont Incuranco | Schomo I Claim Form |  |  |  |  |

Allianz Ireland | Camogie Personal Accident Insurance Scheme | Claim Form 5

#### Data Protection Statement for Claims Handling ROI & NI - Allianz plc Fair Processing Notice

This privacy statement/notice tells you how we use your information for handling a claim - notwithstanding the Data Protection Statement provided at policy inception if you are an Allianz customer - and confirms that your Data Controller is Allianz plc ("we", "us", "our"), Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland. Email: info@allianz.ie. Our branch trading address is Allianz plc, 3 Cromac Quay, The Gasworks, Ormeau Road, Belfast, BT7 2JD, Email: info@allianz-ni.co.uk. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or please write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland.

This privacy statement/notice is intended to provide information to data subjects in situations where, in the context of a claim, Allianz is processing your personal data and the relevant data has been obtained directly from you or from another party, and therefore not directly from you.

#### 1. What Personal Information We Collect for handling a claim

#### Type of Information

The type of information we collect might include (please note that this is not an exhaustive list):

Name, address (including Eircode), date of birth, photo ID, policy numbers, contact details (mobile number and email address digital communication purposes in connection with your claim), PPS number, national insurance number (or any other relevant tax identification numbers) (if required by legislation), occupation, years of residency in the UK, employment details, gender, claims history, bank and payment card details, VAT and other relevant tax numbers, CCTV footage, membership status of any relevant bodies, penalty point information and Road Traffic offences, telematics data, dashboard camera video footage, dashboard credit score and on-board vehicle diagnostics information. Further details of information we collect, can be found under specific headings in this Data Protection Statement.

#### Other People's data:

As well as collecting your personal data, we may also use personal information about other people in connection with claims handling, for example family members such as minors, witnesses, limited personal information about trustees/beneficiaries (where policies are under trust), executors, nominated representatives and attorneys (under power of attorney), individuals who have an active membership relationship with the policyholder.

If you are providing personal information about another person in paper or electronic format or video we require you to let them know what information you've shared with us, share this data protection notice with them and ensure that they have given you permission to provide this information to us. If you or they have any concerns, please ask them to contact us in one of the ways described in this notice. Special categories of data of other's people will be processed solely if they are necessary for the provisions of a policy of insurance and for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity.

#### Sensitive information

We may collect health information or details of past or pending offences, unspent criminal convictions or other sensitive information about the claimant and/or their family members or any other persons associated with the claim. We recognise the sensitivity of collecting this information, so we will only ask for it to arrange, manage or administer a claim, or prevent fraud. Where we process health data, for the purpose of handling a claim we will take suitable and specific measures to safeguard the fundamental rights and freedoms of individuals.

Given the fact that data relating to health and criminal convictions is particularly sensitive information, we only collect and use such data as follows:

**Purpose:** Health data and Criminal Conviction is used solely for the purpose of handling a claim. **Basis:** Irish Data Protection law permits us to use health data where we need to and where it is proportionate for the purposes of a policy of insurance and permits the use of Criminal Conviction data to prevent fraud.

We may also need to use your health and/or criminal data for the purposes of establishing, exercising or defending legal rights, including in connection with claims or proceedings and where authorised by law.

# You do not have to provide us with any personal information, however, should you be unable to provide us with the required personal data, we will be unable to process your claim.

#### 2. How we collect your personal information

We may collect personal information about you :

Directly from You; From our clients: our policyholder (e.g. employer/sport club); our named driver; our joint policyholder; your intermediaries; our broker (or other representative); our insured persons (where different from the applicant/policy owner); member of the public (e.g. dash cam footage); insurance industry databases and other commercial databases; third parties involved in a claim (including a claimant, solicitors, witnesses, health practitioners, medical representatives and independent experts, providers engaged by us including engineers, repairers, motor assessors, loss adjusters, expert appraisers, private investigators etc.); public authorities: the Department of Employment Affairs and Social Protection; the Personal Injuries Assessment Board; Public Authorities involved in the claim (e.g. Gardai, PSNI); communicating with us via social media platforms; people connected with you: people who live with you in an insured property; nominated representatives and other third parties

relevant to you and/or to the claim, including your legal advisers; publicly available information: social media websites and online content, newspaper articles, TV, radio and other media content, court judgements; telephone calls, which we may record or monitor for regulatory, training and quality assurance purposes; any party you have given us permission to speak to: your representative, a relative or a friend, including health practitioners and medical representatives; other records within Allianz if you have or have had other claims with us; insurance industry's representative body: ROI- Insurance Ireland who operate a confidential phone line (Insurance Confidential) for individuals to report suspect fraud; and Credit referencing agencies;NI- the Insurance Fraud Bureau who operate a confidential phone line (cheat line for individuals who report suspect fraud); and credit referencing agencies (including but not limited to County Court Judgments and details from the electoral register).

Where you provide personal data relating to any person under the age of 16 years ("child"), Allianz will seek to verify that you are the parent/guardian of such a child. This is to ensure that you can authorise the processing of personal data relating to that child in order for Allianz to deal with the claim.

#### 3. How we use your personal information

**Purpose:** to investigate, validate, arrange, handle, manage or administer a claim that you are making in relation to an insurance policy held by us.

Legal Basis: Contractual and legal obligation connected to a contract of insurance.

Purpose: To verify your identity.

Legal Basis: For the performance of a contract under which we provide insurance.

**Purpose:** To carry out financial sanctions checks and prevention of financial crime. **Legal Basis:** To comply with legal obligations; and public interest.

#### Purpose: To comply with laws and regulations.

Legal Basis: To comply with legal obligations. For motor policies only, in compliance with the Road Traffic Act 1961 (as amended) we share details of your policy with the Motor Insurers Bureau of Ireland (The details on MIBI processing activity can be found on https://www.mibi.ie MTPL section) and UK Motor Insurance Bureau, the Minister for Transport, Tourism and Sport and An Garda Síochána/PSNI for the purposes of section 78A as autonomous data controllers and in in respect of new and renewed employer's liability insurance policies.

#### Purpose: To detect and prevent fraud.

Legal Basis: For the performance of a contract under which we provide insurance; and to comply with our legal obligations.

**Purpose:** To provide repository policy information in respect of new and renewed employer's liability insurance policies to assist claimants to effectively and efficiently trace the relevant insurer to the Employers' Liability Tracing Officer. **Legal Basis:** To comply with legal obligations.

**Purpose:** For satisfaction surveys; to carry out statistical analysis and reporting to help us improving our products and services; for quality assurance purposes; for staff training in how to perform their duties and provide a better service; to monitor recorded customer calls to assess our staff's customer service; and to enhance our services offerings.

Legal Basis: Legitimate interest in managing our business; improve service enhancement; and monitor and assess business performance.

#### We also use certain information and consult certain databases as follows:

Information Used: logging of any new claim notifications and any claim settlement for damage and injury. Purpose: to confirm your personal data and verify claims information and/or for prevention and detection of crime and fraud through the Claims and Underwriting Exchange Database and Insurance Link Anti-Fraud register. Processing is necessary: for our legitimate interest in managing our business.

#### Information Used: vehicle registration number.

**Purpose:** to identify whether a vehicle has been taxed, NCT or if the vehicle has been involved in a claim or written off using the VRN system. The Motor Insurance Database managed by the Motor Insurers' Bureau ("MIB"), MID data is used by the DVA for the purpose of Electronic Vehicle Licensing and by the Police Service for Northern Ireland (PSNI) for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers and the MIB may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. **Processing is necessary:** for the handling of a claim.

#### Information Used: Driving Licence Number.

**Purpose:** to validate your driving licence number with the relevant authority; to validate the number of penalty points disclosed by you; to validate the licence date and country of origin of the licence.

Processing is necessary: for the handling of a claim.

#### Information Used: Personal Public Service (PPS) Number

**Purpose:** If you make a claim for personal injuries against an Allianz customer, we are obliged to provide the Department of Employment Affairs and Social Protection with your PPS Number to comply with the Recovery of Benefits and Assistance (RBA) Scheme. **Processing is necessary:** to comply with legal obligations.

#### 4. How we share your personal information with others

We may share your personal information with:

- third parties: the Allianz Group, our agents, third parties who provide services to us (engineers, repairers, motor assessors, loss adjustors, expert appraisers, expert witnesses, private investigators, claims handling agents etc.), your intermediary and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators or solicitors); providers of essential services (e.g. telecommunications, postal/courier providers, IT service providers, software providers, payment processor); other third parties involved in administering your claim;
- third parties involved in a claim:claimant, solicitors, witnesses, health practitioners, medical representatives and independent experts, providers engaged by us including engineers, repairers, motor assessors, loss adjusters, expert appraisers, private investigators etc.);
- regulatory bodies and law enforcement bodies: the Garda and PSNI (for example, where we are required to do so to comply with a relevant legal or regulatory obligations); the Department of Employment Affairs and Social Protection; reinsurers who provide reinsurance to Allianz (reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations; they will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies);
- witnesses to any accidents/incidents to which you are involved;
- other parties: any party you have given us permission to speak to (e.g. your representative, a relative or a friend, including health practitioners ٠ and medical representatives); any party named under your insurance policy; industry and trade bodies; other insurance companies to deal with the claim and to safeguard against non-disclosure and help prevent fraudulent claims, and other claimants and their legal or medical representatives. If you are making a claim against an Allianz policyholder, we will share your information with our policyholder (e.g. employer/sport club) and or their agent including the financial outcome of your claim; statutory and other authorised bodies for anti-fraud purposes:; ROI- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud; No Claim Discount (NCD) to combat fraud; the Motor Insurers' Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud and to pay claims; private investigators, tracing debtors or beneficiaries, recovering debt, managing your accounts and/or insurance policies; vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations; and other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud. NI-; the Motor Insurance Anti Fraud and Theft Register (MIAFTR) and the Insurance Fraud Bureau, Claims and Underwriting Exchange Register (CUE) which are run by the MIB, to prevent and detect fraud; the Motor Insurers' Bureau (MIB) to assist in preventing or detecting theft and fraud and to pay claims; private investigators, tracing debtors or beneficiaries, recovering debt, managing your accounts and/or insurance policies; vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations; and other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud. If you have a motor policy, your personal details will be added to the Motor Insurance Database (MID) managed by the MIB, MID data may be used by the DVA for the purpose of Electronic Vehicle Licensing and by the PSNI for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers and the MIB may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on MID. You can find out more on www.mib.org.uk.

We will use your personal information to detect and prevent fraudulent practices and fight financial crime to meet our regulatory responsibilities. Where we obtain data from the above sources, the categories we obtain will be claims information relating to claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured.

#### Protecting Information Outside the European Economic Area

Your personal data may be transferred to and/or accessed from a country outside the European Economic Area ("EEA"). We will always take steps to ensure that any transfer of information outside the EEA is carefully managed to protect your privacy rights. Such transfer/access within the Allianz Group will be covered on the basis of the Allianz Group binding corporate rules (BCRs) known as the Allianz Privacy Standard (APS) which contractually obliges each member to ensure that your personal information receives an adequate and consistent level of protection wherever it is transferred within the Group. Where we transfer your data to a non-Allianz Group member or other companies providing us with a service, we will obtain contractual commitments and assurances from them to protect your personal information. Theses assurances are well recognised certification schemes like Standard Contractual Clauses. We will only transfer your personal information to countries which are recognised as providing an adequate level of legal protection or where we can be satisfied that alternative arrangements are in place to protect your privacy rights. Any requests for information we receive from law enforcement or regulators will be carefully validated before personal information is disclosed.

#### Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Statement to them. Where it is not possible to do so, you must make them aware of this Data Protection Statement and the terms of the insurance (including changes to the terms or processing activities) and encourage them to read this Data Protection Statement to find out more.

#### How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy. For the majority of policy data, this is seven years after the end of that transaction. If you do not accept a quote or complete an application for an insurance policy, your data will be kept for fifteen months and processed in line with this Statement. When a potential claim or actual claim is taken out on a policy, we hold details around this claim until a full and final settlement has been agreed. In most cases this should be seven years after the final settlement date or where a child was involved the later date of seven years after the child has turned eighteen or the settlement date. In certain cases, we are obliged to hold onto records for longer periods and we do so in line with our legal responsibilities. For more information on our data retention policies please refer to the "Contacting Us" section below.

#### Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to object, the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact dataprotectionofficer@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner. For further information, please see the section "Contacting Us" below.

#### Automated decision making

As part of the claim handling, Allianz may use automated decision-making. If you are making a claim, we may use profiling and other forms of automated processing to assess if your claim may be fraudulent and we may use your sensitive information, to carry out this assessment. For example, we may use your unspent motoring convictions for motoring insurance. We use automated decision making as it is necessary for entering into, or performance of your insurance policy between you as the data subject and Allianz as data controller, and other uses such as those authorised by law.

In the event that profiling determines you have a high risk profile, we may not be able to offer you an insurance policy. If you wish to review an automated decision with Allianz, please contact us on dataprotectionofficer@allianz.ie.

#### Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change. For contact details, please see "Contacting Us" below.

#### **Contacting Us**

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing, DataProtectionOfficer@allianz.ie or please write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6, Ireland.

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Office of the Data Protection Commissioner at any time. The details of the Data Protection Commission are as follows:

Data Protection Commission 21 Fitzwilliam Square S, Dublin 2 D02 RD28

Telephone: +353 (0)761 104 800 or +353 (0)57 868 4800 Locall Number: 1890 252 231 Email: info@dataprotection.ie Fax: +353 57 868 4757

We may amend this Statement from time to time, in whole or in part, at our discretion. The latest version of this document will always be available at www.allianz.ie and will take effect on the date that it is updated.

Please review this Data Protection Statement periodically to ensure you remain informed.



Allianz Ireland p.l.c. Allianz House, Elm Park, Merrion Rd, Dublin 4, D04 Y6Y6 01-6133559 <u>rpaclaims@allianz.ie</u>

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