



Application for Compensation under the Garda Síochána (Compensation) Act 2022

Applications for compensation under the Garda Síochána (Compensation) Act 2022 are made to the Garda Commissioner who determines whether the injury took place as a result of a malicious incident. If this determination is made **the Garda Commissioner, on behalf of the applicant, applies to the Personal Injuries Assessment Board (PIAB)** under the Personal Injuries Resolution Board Acts 2003-2022 for the independent assessment of quantum.

Should you require any assistance in completing this form, you can contact the **Garda Compensation Section, An Garda Síochána Headquarters, Phoenix Park, Dublin 8, D08 HN3X**
Email: compensationsection@garda.ie
Phone: 085-8526021

1. Claimant & Injured Party Details

Name:

Long Reg. No.:

Rank:

Garda Station, Division:

DOB:

(DD/MM/YY) Gender:

PPS No.:

Telephone:

Email:

Occupation if No longer Serving:

Address:

Eircode:

& Malicious Incident Details

On what date did the incident occur? to
(If date is unknown, please provide date range)

(DD/MM/YY)

At what time did the incident occur? to
(If time is unknown, please provide time range)

(24 Hour Clock e.g. 22:00)

When the injury occurred were you? On Duty (Rostered to Work) OR Off Duty

Outline how the Incident occurred:

FORM 2A- PERSONAL INJURIES MALICIOUSLY INFLICTED NOT CAUSING DEATH

Explain how you were injured:

Explain how these injuries were maliciously inflicted:

Is there a suspect/culprit for causing these injuriesK YES NO

Have you made a statement in relation to the incidentK YES NO

Details of Any Witness(es) you wish to provide:

If you wish to provide any further information, please use Section 9 (Further Information)

Where did the Incident occur:

(Full Address)

What is the Location Type:

What Garda Division did the incident occur in:

1. Report to Supervisor

As per Health & Safety reporting requirements who was this incident reported to: (Include Name & Rank)

On what date was the incident reported: to (DD/MM/YY)
(If exact date is unknown, please provide date range)

If the matter has not been reported, please explain:

4. Injury

Please provide a brief description of your injuries:

Please outline the nature of the main injury or injuries you have suffered.

Body Part Affected	Soft Tissue ¹	Fracture ²	Body Part Affected	Soft Tissue ¹	Fracture ²
Upper Back	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>
Head/Face	<input type="checkbox"/>	<input type="checkbox"/>	Upper Leg	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>
Lower Back	<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>
Hip/Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>
Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/>	<input type="checkbox"/>
Lower Arm	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Other injuries	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	If other injuries, please specify:		

5. Medical Attention

Have you received medical attention for the injuries? YES NO

If yes, on what date did you first seek medical attention: (DD/MM/YY)

From whom have you received medical attention (insert doctors name and address):

6. Medical Report

Please attach all medical report(s) associated with this claim. **If you do not have a medical report completed by your doctor(s) you cannot submit your application.**

Name of Doctor/Specialist	Date of Report
---------------------------	----------------

Please ensure that the date of Incident on the medical report provided is correct and matches the date(s) entered on the Application Form.

If the date of Incident on the medical report is **not** the same date of Incident provided on this form please explain why this is the case.

¹ Examples of soft tissue can include sprains, strains, bruising, lacerations etc.

² A fracture is the medical term for a broken, cracked or chipped bone.

Additional Information

In the event of a determination that the incident, the subject of this application, has occurred and was a malicious incident, the Garda Commissioner shall make an application on your behalf to the Personal Injuries Assessment Board as required under Section 11(c) of the Garda Síochána (Compensation) Act 2022.

The application submitted to the Personal Injuries Assessment Board shall contain the information as provided in this application together with a copy of this form. The following additional information is necessary in order to submit an application to the Personal Injuries Assessment Board.

These questions relate to any relevant medical conditions or injuries suffered either following the date of the Incident referred to in this application or within 5 years preceding the Incident, whether or not these issues result in a claim for compensation.

Have you suffered any other injuries in the past five yearsK YES NO

If 'Yes' the following is required

Please state the nature and extent of these injuries, have you or is it your intention to pursue a personal injury claim in relation to these injuries. If you have pursued a claim, what is its statusK

Do you suffer from any other relevant medical condition: YES NO

If 'Yes', please describe this medical conditionK

Have you suffered any injuries since the date of the Incident: YES NO

If 'Yes', please describe these injuries:

7. Expenses Incurred

As part of the Personal Injuries Assessment Board's assessment process PIAB assess damages for General Damages (pain and suffering) and also Special Damages (out of pocket expenses). This section deals with special damages.

Are you claiming in respect of special damagesK YES NO

Are you claiming in respect of medical expensesK YES NO

Details of special damages claimed must be provided to PIAB in advance of its assessment.

FORM 2A- PERSONAL INJURIES MALICIOUSLY INFLICTED NOT CAUSING DEATH

Please Note: If you prefer to correspond by post, complete and print this application form and submit it along with supporting documentation by post to the Garda Compensation Section, An Garda Síochána Headquarters, Phoenix Park, Dublin 8, D08 HN3X.

In the event that my claim for compensation is approved by the Commissioner of An Garda Síochána, I acknowledge that the Garda Commissioner will submit an application to the Personal Injuries Assessment Board (PIAB) on my behalf in respect of this incident. I further acknowledge that personal data will be processed by the PIAB in the context of an application to PIAB and in accordance with data protection legislation, the Personal Injuries Resolution Board Acts 2003-22.

I [the Claimant], hereby consent in accordance with Section 79 (d) of the Personal Injuries Resolution Board Acts 2003-22, as amended, to the service by electronic means of a notice or document required to be served under the Act from PIAB at the following nominated email address,

I, [Claimant] hereby confirm that the information provided with this application is true and accurate. I understand that it is a criminal offence* to knowingly or recklessly provide false or misleading information in respect of this application to An Garda Síochána or the Personal Injuries Assessment Board and I confirm that I have reviewed this application and the documents submitted with it in full.

Signed:

Date:

(DD/MM/YY)

This Application Form complies with the requirements of both Section 11 of the Garda Síochána (Compensation) Act 2022 and Section 11 of the Personal Injuries Assessment Board Act 2003 (as amended).

Please note that an application will not be considered to have been made to PIAB pursuant to Section 11 of the Personal Injuries Assessment Board Act 2003 (as amended), until it has been approved by the Commissioner of An Garda Síochána and a copy of this Application Form has been received by PIAB from the Commissioner of An Garda Síochána.

*S26 Garda Síochána (Compensation) Act 2022 & S80A Personal Injuries Assessment Board Act 2003 (as amended)

9. Further Information (Please reference the relevant section number being referred to)

Garda Compensation Section USE ONLY		Reference No:
Is the Form Fully Complete & Legible	Yes	No
Application submitted within prescribed Time Limit	Yes	No
Extension Granted	Yes	No
Additional Documents (if any) Legible	Yes	No
Completed Medical Report submitted	Yes	No
(Return to Applicant)		

This form should be emailed to CompensationSection@garda.ie when complete.