

September 2021

Vhi Insurance

IDA Business Park,  
Purcellsinch,  
Dublin Road,  
Kilkenny.  
Vhi.ie

Páirc Ghnó IDA,  
Inse an Phuirséalaigh,  
Bóthar Átha Cliath,  
Cill Chainnigh.  
Vhi.ie/contact

**LETTER OF UNDERTAKING TO VHI**

[NAME & ADDRESS]

[DATE]

**Patient's Name:**  
**Patient's Address:**  
**Policy No:**  
**Claim No:**

Dear Sir/Madam

In consideration of Vhi Insurance DAC ("Vhi") discharging the eligible hospital and medical expenses of my client (the "Expenses"), I hereby agree to include as part of my client [NAME] claim, the Expenses (details of which will be supplied to me by Vhi) and subject to any Court Order to the contrary, to repay to Vhi the Expenses so recovered out of any monies (excluding costs) which are received as cleared funds into our client account pursuant to any settlement or judgment where such monies are recovered by way of special damages in respect of the Expenses.

I have obtained written instructions from my client to provide Vhi with this undertaking and I am authorised to negotiate the settlement to include monies owing to Vhi.

I further agree, as far as reasonably practicable, to keep Vhi fully informed of both the status, and any developments, in my client's claim. I agree to contact Vhi, as soon as reasonably practicable, upon it being known to me that the Expenses may not be fully recoverable.

In further consideration of the above, I agree to inform Vhi as soon as reasonably practicable of any arrangements for settlement discussions or hearing dates.

In the event that the monies (excluding costs) recovered do not involve the full recovery of the amount of payments made by Vhi, I agree to furnish to Vhi my Certificate in the format agreed between the Law Society and Vhi confirming that the net proceeds recovered is the amount actually recovered.

Upon receipt by Vhi of this refund, a non-negotiable recovery fee of €450.00 (inclusive of VAT) will be paid to the undersigned in full and final payment.

Solicitor's Name: \_\_\_\_\_

Solicitor's signature: \_\_\_\_\_

Company Name  
& Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



### **Data protection statement**

Vhi's Data Protection Statement contains a detailed breakdown of the personal data we collect in relation to our customers and how we use that personal data. The Data Protection Statement can be found at [Vhi.ie](http://Vhi.ie) or should you wish to contact us on (056) 444 4444 or 1890 44 44 44, you can request a hard copy. If you have any queries regarding your data, please write to the Data Protection Officer, Vhi, Vhi House, 20 Lower Abbey Street, Dublin 1 or by e-mail at [dataprotection@vhi.ie](mailto:dataprotection@vhi.ie).

### **Company registration details**

Vhi Insurance DAC registered in Ireland No. 527606  
Registered office: Vhi House, Lower Abbey Street, Dublin 1

### **Board of directors**

Liam Downey, John O'Dwyer, Dean Holden, Celine Fitzgerald, Finbar Lennon, Joyce Brennan, Declan Moran, Paul O'Faherty, Greg Sparks and Brian Walsh.

Jan 2020

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**Form of Certificate Agreed Between Law Society of Ireland and Vhi Healthcare**

**CERTIFICATE**

I hereby certify that the sum of €\_\_\_\_\_represents the net proceeds ("the net proceeds") recovered in respect of payments made by Vhi Healthcare.

I as Solicitor for\_\_\_\_\_am giving this Certificate for the benefit of the VHI Healthcare, having regard to the Vhi Healthcare Reimbursement Procedure published by the Law Society to be followed when completing Certificates for Vhi Healthcare.

This Certificate is being given by me in my sole capacity as Solicitor for \_\_\_\_\_

**Signature:**

**Name of Solicitor signing:**

**Address of Solicitor:**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_**

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