

ECB PERSONAL ACCIDENT AND PUBLIC LIABILITY CLAIM FORM

PLEASE ENSURE THAT YOUR CERTIFICATE NUMBER FOR THE INSURANCE YEAR RELATING TO THE CLAIM IS QUOTED IN THE SPACE PROVIDED. DELAY MAY OCCUR WITHOUT THIS INFORMATION. Complete parts A and B in every case, plus the appropriate section 1 or 2 and return this form to:-

Marshall Wooldridge Ltd., 14/16 Ivegata, Yeadon, Leeds LS19 7RE

CLAIMS FOR PERSONAL ACCIDENT MUST BE ACCOMPANIED BY A CERTIFICATE OF INCAPACITY IN EVERY INSTANCE.

<p>A. Name of club _____</p> <p>Certificate number at time of incident _____</p> <p>Name and Address of Secretary _____</p> <p>_____</p> <p>_____</p>	<p>For Office Use Only</p> <p>PA Units</p> <p>Hospital Benefit YES/NO</p> <p>PL Indemnity YES/NO</p>
<p>B. Date of Accident/incident _____ Time _____</p> <p>Place where it occurred _____</p>	

CLAIMS FOR EACH INCIDENT OF DAMAGE TO THIRD PARTY PROPERTY EXCLUDE THE FIRST £100. IF YOU ARE SUBMITTING A CLAIM UNDER THIS SECTION, PLEASE SEND A CHEQUE FOR £100 PAYABLE TO ALLIANZ INSURANCE PLC WHEN YOU RETURN THE CLAIM FORM UNLESS THE CLAIM HAS ALREADY BEEN SETTLED BY THE CLUB.

SECTION 1. PERSONAL ACCIDENT AND HOSPITAL BENEFIT CLAIMS (own members only)

a) Name/Address of injured person _____

b) Date of Birth _____

c) Occupation(s) _____

d) State what happened and nature of injury _____

e) Date on which working ceased _____

f) Has injured person previously suffered from this complaint? _____

If so, give particulars with approximate date(s) and period(s) of incapacity _____

g) Date on which resumed working _____

h) Details of any other accident insurance with other insurers/underwriters _____

i) Average net weekly wage at time of accident: £ _____ per week approx.

j) Statutory Sick Pay due:- *N.B. This question must be answered even when wages or salary are paid in full by the employer.*

£ _____ per week (at commencement)

k) If claiming Hospital Benefit as in patient, state date detained _____ and date discharged _____

Name and address of hospital _____

Name of consultant _____

DECLARATION TO BE COMPLETED BY CLUB SECRETARY

(a) The injured person named in Section 1 (a) is a member of this club.

(b) I declare that the information given is true to the best of my knowledge, information and belief.

Signed _____ (Secretary of Club)

Date _____

SECTION 2 PUBLIC LIABILITY

Damage by cricket balls.

a) Where damage occurs within the ground

(i) For what purpose was the claimant (or his property) on the club grounds?

(ii) How far was the damage/injury from the boundary? _____

(iii) Give approximate distance from the wicket to the boundary at this point _____

(iv) Are any disclaimer notices displayed on the ground? _____

This report is made in the bona fide belief that litigation may ensue and to enable the Owners, Representatives, Solicitors and/or Agents to conduct such litigation and advise in relation thereto.

- b) Where damage occurs outside the ground
- (i) How far from the wicket is the perimeter of the grounds? _____
- (ii) What protections exist at this point? _____
- _____
- (iii) How far beyond the perimeter of the ground did the ball travel? _____
- (iv) How often in the past few seasons has the ball been hit into this area? _____

PARTICULARS OF INJURY

Name and address of injured person(s) _____

Occupation(s) _____

Nature of injury _____

Name of hospital to which person taken _____

Was person detained? _____

PARTICULARS OF DAMAGE TO PROPERTY

Description of damage _____

Is property capable of repair? _____

Name/Address of owner _____ Vat Reg? YES/NO

Name of user/occupier if different from above _____

A rough sketch would be helpful

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit and fraud reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all of the information we hold about them.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, **you must disclose it**.

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

DECLARATION TO BE COMPLETED BY CLUB SECRETARY

I declare that the information given is true to the best of my knowledge, information and belief.

Signed _____ (Secretary of Club)

Date _____



Allianz Insurance plc. Registered in England number 84638. Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.
 Allianz Insurance plc is a member of the Association of British Insurers and the Financial Ombudsman Service.
 Allianz Insurance is authorised and regulated by the Financial Services Authority. Our registration number is 121849.
 This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234