Personal Accident Report Form

Once complete return to;
Marshall Wooldridge Ltd, 14 – 16 Ivegate, Yeadon, Leeds, LS19 7RE
Tel No. 0113 250 6614 Fax No. 0113 387 9799

Please complete all relevant sections. If any are not applicable please add N/A

CLUB INFORMATION (must be completed)

Name of club _____ Club ID _____

Contact _____ Tel No. _____

Address _____

_____

_____

Email address _____

EVENT (must be completed)

Date of Incident _____ Time of Incident (if known) _____

State in full the cause and circumstances of incident _____

_____

_____

PERSONAL ACCIDENT (complete if applicable)

a) Name/Address of injured person _____

b) Date of Birth _____

c) Occupation(s) _____

d) State what happened and nature of injury _____

e) Was protective headgear worn? YES / NO ** Was the injured person fielding or batting? ** _____

f) Date on which working ceased (if applicable) _____ Date on which resumed working _____

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

h) If claiming Hospital Benefit as in patient, state date admitted _____ and date discharged _____

Name and address of hospital _____

Name of consultant _____

If claiming for a dental related injury, please provide receipts for any treatment required.

If claiming for Physiotherapy Treatment (gold cover only), please provide:-

a) A letter from GP confirming that they were referred to a physiotherapist as a result of this injury

b) A covering letter confirming the period that they were unable to play

Claimant bank details for settlement of your claim. Sort code: ___ ___ ___ Account Number _____ Payee Name _____

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 _____ **** Not compulsory questions, but answers will be used for statistical analysis**

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Please read and sign the following declaration

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 reference agencies who 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 s 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 the information we hold about them.

VERY IMPORTANT – FRAUD 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 beast 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 WILL NOT BE MADE.

I/We declare the forgoing particulars to be correct to the best of my knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

SIGNED FOR & ON BEHALF OF:-

Signature of Insured _____

Name _____

Position _____

Date _____