**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)**

1. Name/Address of injured person
2. Date of Birth
3. Occupation(s)
4. State what happened and nature of injury
5. Was protective headgear worn? YES / NO \*\* Was the injured person fielding or batting? \*\*
6. Date on which working ceased (if applicable) Date on which resumed working
7. Average net weekly wage at time of accident: £ approx. per week.
8. 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:-**

1. A letter from GP confirming that they were referred to a physiotherapist as a result of this injury
2. A covering letter confirming the period that they were unable to play

**(Please note the Temporary Total Weekly Benefit (Sick note) will be paid on 4 weekly intervals).**

**Claimant bank details for settlement of your claim**. Sort code: \_\_\_ \_\_\_ \_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_ Payee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION TO BE COMPLETED BY CLUB SECRETARY**

1. The injured person named in section 1 (a) is a member of this club
2. 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**

**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** |