

Sports Insurance

Group Personal Accident Insurance | Claim Form



PLEASE COMPLETE THE FOLLOWING CLAIM FORM IN BLACK INK AND BLOCK CAPITALS IF POSSIBLE.

Thank you for notifying us of your potential insurance claim. Please make sure that ALL questions are completed and if any section is not applicable to your specific claim, please state N/A. Once the entire form is completed please return it to Sportsguard, One Overstone Heights, Sywell, Northamptonshire, NN6 0AT

Administration Use Only

Claim Reference Number:

4504m

Part A: Club Details (to be completed by the policy holder)

Full Name of Club:	Policy Number:
Full Club Address:	Postcode:
Contact Name at Club:	E-mail:
Affiliated Association:	Phone No:

Part B: Claimant Details (to be completed by the injured person or their parent/legal guardian, if the claimant is under the age of 18)

Full Legal Name:	Date of Birth:
Full Address:	Postcode:
Occupation:	Employment Status: Employed/Self-Employed/Unemployed/Student
Position in Club:	Mobile:
	Email:

Claimant Declaration

(which needs to be signed by the injured person or their parent/legal guardian if the claimant is under the age of 18)

I certify that the following statements are correct. I understand that some of the information I have provided will be made available to Sportsguard and other insurers for underwriting, claims handling purposes and fraud prevention. I consent to the seeking of information to check the answers I have provided, and I authorise the giving of such information.

Paper documents submitted with this claim form are not held by Sportsguard, they are scanned into our system and then securely destroyed. Electronic versions are kept on our secure server. We suggest you submit photocopies of your documents i.e. wage slips, sick notes, etc...

Signature:	Date:
Print Name:	Relationship (if signing on behalf of claimant):

Please complete Employment/Self-Employment details if the claimant is over the age of 16 and claiming for Temporary Total Disablement (please consult with Sportsguard or your club to see if you are insured under this benefit).

Part C: Employment Details (to be completed by the injured person's employer)

For all claimants in employment, we require 2 wage slips for 2 months immediately prior to your injury.

Full Name of Company:	Date Started:
Address of Employer:	Postcode:
Company Contact Name:	Phone:
Position in Company:	Email:
Signature:	Date:

Part D: Self-Employed Details

If you are self-employed, please provide copies of 2 bank statements and invoices for work completed immediately prior to your injury.

Part E: Accident Details (to be completed by the injured person)

Please give the exact date and time when injured: Date _____ Time: _____ am/pm _____

Please state fully:-

a) Where the accident occurred: _____

b) How the accident occurred: _____

c) The injuries sustained: _____

d) What sport were you playing: _____

e) What were you doing at the time of the injury (please circle): 11 a-side 7 a-side 5 a-side Training Other: _____

f) If this was a match, who were your opponents: _____

g) What was the officiating referees name: _____ Phone Number: _____

h) When did you first seek medical attention: _____

i) Date you were unable to attend your normal occupation: _____

j) Have you ever suffered from this or any connected disability: **Yes/No**
if Yes, give full details, including dates: _____

k) Have you previously claimed through a Sportsguard policy: **Yes/No**
if Yes, give full details, including dates: _____

l) Please provide the full name and address of the Doctor who attended to you and the full name and address of your usual doctor:

Accident & Emergency Department

Usual Doctor

Full Name: _____

Full Name: _____

Full Address: _____

Full Address: _____

Part F: Doctor's Statement (to be completed in ALL cases)

This section must be fully completed and stamped by the claimants usual General Practitioner (G.P.) or a duly qualified medical practitioner. **ANY FEE FOR COMPLETION OF THIS SECTION IS THE RESPONSIBILITY OF THE CLAIMANT**

Patient's Full Legal Name: _____ Date of Birth: _____

Final Diagnosis: _____

When did the patient first receive medical attention for this condition: _____

Has the patient ever suffered with this or any similar condition before the present disability: **Yes/No**

if Yes, please give details including dates and treatment: _____

At the time of the accident was the patient suffering from any related illness or disease: _____

How long has the patient been registered with you: _____

When do you expect the patient to be able to return to work (full/partial duties): _____

If the patient has already returned to work, state the date: _____

In your professional opinion do you believe this to be a sports related injury: **Yes/No**

I can confirm that the patient named above is/was under medical attention, and was totally prevented from working for remuneration or profit from his/her normal occupation:

From: _____ To: _____

Signature: _____ Date: _____

Doctors Full Name: _____ Qualifications: _____

Validation Stamp*

*Please note this form will be returned if the validation stamp is missing.

Part G: Hospital Statement (Only to be completed if claiming for the hospitalisation benefit. Please consult Sportsguard or your club to see if you are insured for this benefit).

This section must be fully completed by hospital medical staff or you can submit your medical records (e.g. discharge notice).

ANY FEE FOR COMPLETION OF THIS SECTION IS THE RESPONSIBILITY OF THE CLAIMANT

Type of hospital/ward:

Doctor/Consultant's Full Name:

Validation Stamp

The dates admitted and released:

Admitted:

Released:

Signed:

Date:

Please validate this section using an official stamp or enclose your discharge notice.

Part H: Your Rights - please read carefully. If the injured player is under the age of 18, this section must also be signed by a parent/legal guardian.

ACCESS TO MEDICAL REPORTS ACT 1988 - Before your attending doctor can give a medical report on this claim form which is a requirement of this claim, you must give your consent. Before giving your consent, you should be aware of your rights under the act which are summarised as follows:-

1. You may withhold your consent.
2. You may see the report before it is sent to us within 21 days from the date of this report.
3. You may ask to see the report for up to six months after the report is completed.
4. You may ask the doctor to amend any part of the report you consider to be incorrect or misleading. If the doctor does not agree with your request you may attach your comments to the report.

NB: The doctor may withhold all or part of the report from you if he/she considers that you may be physically or mentally harmed by it.

Patient Declaration:

Having been made aware of my statutory right under the Access to Medical Reports Act 1988 in connection with my claim.

1. I hereby consent to Sportsguard and their insurers seeking medical information from any doctor who at any time has attended me concerning my conditions which affect my physical or mental health.
2. I **DO** wish to see the report before it is sent to Sportsguard and their insurers.
 I **DO NOT** wish to see the report before it is sent to Sportsguard and their insurers.
3. I authorise such doctor to disclose such information.
4. I agree that a copy of this consent shall have the validity of the original.

Claimant Signature:

Date:

Parent/Legal Guardian Signature:

Relationship (if signing on behalf of claimant):

Data Protection Act 1988

We will fairly and lawfully collect and record personal information that is supplied within and as a result of this form. We shall share information with your underwriters and their agents and, in certain cases, with other underwriters to help detect and prevent fraudulent claims. We require your consent to process information in this way and by completing and signing this form you are explicitly providing that consent.

Part I: Payee Bank Details

Please note that if the claimant is under the age of 18, payment must be made to a parent/legal guardian.

If payee is not the claimant, please state your relationship:

Confirm your Full Legal Name:

Account Holder's Full Legal Name:

Account Number:

Branch Sort Code: - -

If your claim is agreed we give you the choice of getting paid once you have returned to work (in a lump sum) or with interim (monthly) payments.

I would like to be paid: with interim payments (only available to claimants in full/part-time employment)
or, when you have returned to work

Part J: Club Official Approval Statement (to be completed by an official of the football club, present at the time of the injury)

This section of the form must be completed by a Club Official present at the time of the injury. In the last two years there have been a number of fraudulent claims made by players throughout the UK, which is why we are asking clubs to be completely involved in any claim put through via their club. At Sportsguard we want genuine claims to be paid, however if the schemes get abused, the premiums will go up and clubs may lose the facility.

We are asking for your co-operation in order to protect the clubs policy from being abused, which is ultimately in everyone's interest.

Please note, the policy you have is cover for players and officials whilst playing, training or on football duties for YOUR team, it does not include practice sessions that are organised by the players, nor does it include players who participate in various different teams.

Please confirm the following details

Name of injured person: _____

Position of the injured person in club: _____

Where and when did the accident happen: _____

Name of official on duty (*must be different to the injured person*): _____

Was first aid given or offered: _____

Who administered the first aid: _____

If the injury was at a training session, was the injury reported to the on duty official at that time: Yes/No _____

If a club official has not witnessed the accident then it is not covered as the incident cannot be verified by the policy holder. I/we declare that all of the information given above is that of my best knowledge and belief, in the event of a fraudulent claim, I/we may be held liable for fraudulent payments to the injured person.

Signature by the club official on duty (*as above*): _____

Date _____

Signature by the club secretary: _____

Date _____

Please note: *That all fraudulent claims will be declined and you and your club may be held liable.*

Claim Form Checklist

- | | |
|---|--|
| 1. Page 1 of the claim form needs to be completed in its entirety. If the injured player is under the age of 18, part B must be signed by a parent or legal guardian. | Yes Completed <input type="checkbox"/> |
| 2. Part E (Accident Details) needs to be completed in its entirety. We also require the Doctor's Statement, part F, to be completed by a medically qualified practitioner. | Yes Completed <input type="checkbox"/> |
| 3. Part G (Hospital Statement) needs to be completed if you are claiming for hospital confinement benefit. You must also complete the Access to Medical Reports Section, part H. If the player is under the age for 18, this is also required to be counter-signed by parent/ legal guardian. | Yes Completed <input type="checkbox"/> |
| 4. Please give part J back to the club and allow them to complete the Approval Statement, all the answers in this section will be cross checked with the club and league. | Yes Completed <input type="checkbox"/> |
| 5. You must enclose all medical sick notes you have been issued to date. For player's over the age of 16 and claiming Temporary Total Disablement only. | Yes Completed <input type="checkbox"/> |
| 6. If you are employed, please provide 2 wage slips for 2 months immediately prior to your injury. If you are self-employed, please provide copies of 2 bank statements and invoices for works completed immediately prior to your injury. | Yes Completed <input type="checkbox"/> |
| 7. Dental Claims must include an itemised invoice from the dentist and all receipts. You can ignore steps 3, 4, 5 and 6. | Yes Completed <input type="checkbox"/> |
| 8. Before you submit anything to Sportsguard, please make a photocopy to keep for your records. | Yes Completed <input type="checkbox"/> |