

Personal Accident Insurance Accident Claim Form

THE
REFEREES'
ASSOCIATION



Claimant & Accident Details

Name	<input type="text"/>	Date of Birth	<input type="text"/>	
Address	<input type="text"/>	Telephone Number	<input type="text"/>	
		Email	<input type="text"/>	
Occupation	<input type="text"/>	Self-Employed	Yes	No
Description of Working Duties	<input type="text"/>	If yes, will your business cease to operate during this incapacity	Yes	No
Date of Accident	<input type="text"/>	Employment Start Date	<input type="text"/>	
Location Accident Occurred	<input type="text"/>	Nature of Business	<input type="text"/>	
		Are there any other Insurance policies covering this incapacity	<input type="text"/>	
Full Description of Accident	<input type="text"/>	Time of Accident	<input type="text"/>	
		Any previous medical conditions relating to this body part	Yes	No
		If Yes, provide details	<input type="text"/>	

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General Questions & Declaration

Date you were unable to work due to Accident / Sickness

Are you still unable to work

Yes

No

If No, please state the date you returned to work

Have you been TOTALLY disabled from carrying out your usual occupation

Yes

No

Name and Address of your usual doctor

Have you attended any other medical practitioner

Yes

No

If Yes, give details including name and address

I / we declare the above particulars to be true and complete in every respect and that no material information has been withheld.

I / we authorise Aviva to obtain information from other insurers and also my employer or accountant. I will inform Aviva immediately should I undertake any form of work, either paid or unpaid

Claimants Signature

If you cannot sign the form digitally tick here

Type 'I AGREE' to confirm this form has been completed truthfully

Print Name

Date

Fraud Warning

The submission of a fraudulent or intentionally exaggerated claim or the submission of false documentation or declaration in relation to part of or the whole claim – may result in voidance of your cover or refusal of your entire claim

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Medical Report & Practitioner Declaration

The claimant must obtain at his / her own expense the following report from a duly qualified registered Medical Practitioner.

Claimants Name

Date of Birth

Are you the claimant's usual medical practitioner

Yes

No

If yes, for how long

When did the claimant first consult any Doctor for the present injury / illness

When was the last time the claimant consulted you

Accident Circumstances

Nature and extent of injuries sustained

Are the symptoms from which the claimant suffers due to the accident alone

Yes

No

If NO, please give details of anything in the claimant's previous history which might have contributed directly or indirectly to this injury or the symptoms

Are you aware of anything in the claimant's previous history which may delay recovery in any way

Yes

No

If Yes, give details

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Medical Report & Practitioner Declaration continued....

Is the incapacity related to more than once complaint

Yes

No

If Yes, give details

Are you prepared to certify that the claimant is / has been
TOTALLY disabled from attending to his / her
business or occupation

Yes

No

If so, what date did TOTAL disablement commence

Has TOTAL disability been continuous since this date

Yes

No

If No, give details

Please state date claimant was fit to return to work

If the claimant is still incapacitated, please state the expected
further duration of disability

I certify that the information I have given is correct

Signature

Print Name

Qualifications

Date

Surgery Address

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Your Rights / Access to Medical Reports act 1988

As, under the terms of your policy, we require completion of a medical report by the doctor who is caring for you, to enable us to deal with your claim, we need your consent by signing in the space indicated below. Before doing so, however, you should read this note carefully as it sets out your rights under the Access to Medical Reports Acts 1988 and the procedures for dealing with Reports.

You do not have to give your consent to our being provided with the report but, if you do, you have the right to tell the doctor you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless either he has shown it to you, or 21 days have passed without your having contacted your doctor about arrangements for you to see it. Of course, the quicker you act, the quicker your claim can be considered, and we may not be able to proceed with your claim in the absence of medical information.

Whether or not you say you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six months after it is supplied to us, if you ask.

If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen a report before it is sent to us, the doctor cannot submit it until he has your consent. You can write to the doctor asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of a report if in his opinion, that would be likely to cause serious harm to your physical or mental health or that of others or:

- would indicate the doctors intentions towards you, or
- if disclosure would be likely to reveal information about, or the identity of, another person who has supplied, information about you unless that person has consented or the information relates to or
- the information has been supplied by, a health professional involved in caring for you.

In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

Before signing the consent form at the foot of this letter you should read the following summary of your rights and the detailed explanation above.

- (a) You can withhold your consent but if you should do so your insurers may be unable to process your claim.
- (b) You can see the report before it is sent to us. You may request a copy of the report during the following six months.
- (c) You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement you may append your comments.
- (d) Your doctor can in certain circumstances withhold from you the report or any part of it.

Would you like to see a copy of the report before it is send to the insurance company

Yes

No

CONSENT TO OBTAIN A MEDICAL REPORT

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 as explained above and in connection with my insurance claim I hereby consent to Aviva Insurance Limited under policy number **24335958ECA** seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health in connection with this claim and I agree that a copy of this consent shall have the validity of the original.

Signature

If you cannot sign this form digitally tick here

Print / Type Name

Date

ONCE COMPLETE PLEASE RETURN THIS FORM BY EITHER EMAILLING IT TO ra@footballreferee.org.uk OR BY POSTING IT TO :- 1b Bagshaw Close, Ryton on Dunsmore, Warwickshire, CV8 3EX

Office Use Only :-

Yes

Claimants Membership Confirmed

Confirmed by (name):