

COBRA Corporate Solutions Ltd
(Previously COBRA Insurance Brokers Ltd)

Football Personal Accident Claim Form

- *Please complete this form in full answering the questions to the best of your knowledge and return to:*

Claims Department, COBRA Corporate Solutions
2nd Floor, Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

- *If you have any questions regarding the completion of this form, please contact:*

Sarah Close on 01883 335 498 or by email sarah.close@cobrainurance.co.uk

Marc Hunter on 01883 333 384 or by email marc.hunter@cobrainurance.co.uk

DETAILS OF YOUR CLUB:

1. Club name:
2. Date you joined this club:
3. Name of League your club plays in:
4. Name of County Football Association your club is affiliated to:

YOUR DETAILS:

1. Full name:
2. Address including postcode:
3. Contact telephone number:
4. Email address:
5. Date of birth:
6. Height:
7. Weight:
8. Occupation:
9. Name of employer and contact details:
10. Are you receiving your regular weekly basic salary during your period of absence Yes/No
11. Please confirm your average monthly wage

ACCIDENT DETAILS:

1. Date, time and place of injury:
2. Exact nature of injury:
3. How did the injury occur:

DETAILS OF DISABILITY:

1. Have you suffered from this disability before? *Yes/No* If 'Yes,' please complete the attached medical mandate form to allow the Insurers access to your medical records.

2. If you are back at work, please confirm the date you returned:

HOSPITALISATION CLAIMS:

1. Name of Hospital:
2. Address including postcode:

3. Telephone Number:
4. Hospital Reference Number:
5. Date of admission:
6. Date of discharge from in-patients:

Important – you must send a Hospitalisation Certificate or copy of your discharge note, which must clearly state your admission and discharge dates.

DOCTORS STATEMENT: (to be completed by your GP or consultant)

1. This is to certify that (insert claimants name):
2. Is suffering from (insert nature of injury):

3. I expect the claimant to be absent from work for a period of (please insert) weeks.

Please note that claims for Temporary Total Disablement (TTD) must be supported by Doctor Certificates (SSPs) and payments will be made in arrears at 4 weekly intervals.

4. Have you treated the claimant for the same or a similar complaint? *Yes/No* If 'Yes,' please give details below:

5. Does the claimant show any other signs of being affected by any other complaint including physical infirmity? *Yes/No* If 'Yes,' please give details below:

6. General comments:

7. Your name:
8. Qualifications:
9. Address including postcode:

10. Your signature:

11. Date:

ACCESS TO MEDICAL REPORTS ACT 1988:

We require completion of a medical report by the doctor who is caring for you, to enable us to deal with an insurance claim. We need your consent to the supply of this report 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 Act 1988 and the procedures for dealing with reports. You do not have to give your consent to our being provided with a 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 you having contacted your doctor about arrangements for you to see it. Of course, the quicker you act, the quicker the claim can be considered, and we may not be able to proceed with the claim in the absence of medical condition.

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, 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, it would be likely to cause serious harm to your physical or mental health or to that of others, or would indicate the doctor's intention 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 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 have given your consent.

Summary

Before we Tokio Marine Europe Insurance Limited or its representatives and any translation services we may need to employ, can apply for a medical report from your doctor, we need your consent. Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988 as detailed above, but the main points are as follows:

You can withhold your consent

You can see the report before it is sent to us, or during the six months after that

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

The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it

Consent to obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, and, in connection with an insurance claim, hereby consent to Tokio Marine Europe Insurance Limited being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

Do you wish to see the report before it is sent to the Company?: Yes/No

DECLARATION & AUTHORISATION (to be completed by claimant):

1. I declare that the above particulars are true and complete and are to the best of my knowledge and belief.
2. Your signature:
3. Date:

REQUIRED DOCUMENTATION:

In order for your claim to be processed as quickly as possible, we will require the following documentation:

- ✓ *Signed medical mandate form if you have previously suffered from a similar disability: Yes/No*
- ✓ *SSP certificates obtained to date. Please continue to provide these until the conclusion of the period of absence from your usual gainful employment: Yes/No*
- ✓ *Evidence of employment. Please provide a copy of your most recent wage advice or if self employed, evidence of your most recent income: Yes/No*

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Sarah Close on 01883 335 498 or by email sarah.close@cobrainurance.co.uk

Marc Hunter on 01883 333 384 or by email marc.hunter@cobrainurance.co.uk

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