

SPORTS PERSONAL ACCIDENT CLAIM FORM

How does the process work?

Step 1

Complete this claim form to the best of your ability. If something important is missing or required, our loss adjusters will get in touch and let you know. On page 5 of this claim form, we have given you our "claim form checklist" to help make the process easier to follow.

Step 2

Ask the club secretary and official on duty at the time of your accident to sign and complete any information missing in the "club details" section on page 3.

Step 3

Keep a copy of all information you are sending to us, e.g. photocopy, scan or take photos of each sheet of paper.

Step 4

Return the completed form to us:

by post: Sportsguard, One Overstone Heights, Sywell, Northamptonshire, NN6 0AT

or

by email: claims@sportsguard.co.uk

Step 5

You will hear from our loss adjusters by email usually within 14 days of submitting your claim.

Do you need this form in a different format?

If you need any assistance when completing this form or require in an alternative format such as large print or in **OpenDyslexic** font, please let us know.

A: INJURED PERSON DETAILS:

Full name of injured person:	
Date of birth:	
Address:	
Postcode:	
Mobile number:	
Email address:	
How would you prefer to be contacted:	By phone <input type="checkbox"/> or by email <input type="checkbox"/> or by post <input type="checkbox"/>
Occupation:	
Nationality:	
Position in club:	
Employment status:	Employed/Self-employed/Unemployed/Full-time student
Full name of company:	
Dates employed by company:	From: / / to: / /
<p>Declaration: 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.</p> <p>Paper documents submitted with this claim form will not be returned. We suggest you submit photocopies of your supporting documents i.e. wage slips, tax returns, medical sick notes and any other supporting documents.</p>	
Signature of injured player/legal parent/guardian or caregiver (to be signed by the parent/legal guardian if the claimant is under the age of 18):	Date: / /
Print name:	

B: CLUB DETAILS:

Full name of club:	
Address:	
Postcode:	
Club official on duty:	
Mobile number:	
Email address:	
Affiliated association:	
<p>Declaration I/we confirm the accident claimed for happened while the person injured was participating as an amateur in an official club or team event or official training or practice session or whilst travelling to such an event or session. I/we declare that all the information given above is that of my/our best knowledge and belief, in the event of a fraudulent claim, I/we may be held liable for fraudulent payments to the injured person.</p>	
Signature of club official:	Date: / /
Print name:	

C: ACCIDENT DETAILS:

Date of injury:	Date: / /	Time: : am/pm
Where did the accident happen:		
How did the accident happen:		
What was the injury:		
When did you first seek medical attention:		
Date you were unable to attend your normal place of work:		
Date you were able to return to work:		
Have you ever suffered from this or any other connected injury or disability:	Yes/No	
If yes, please give details:		

D: MEDICAL EVIDENCE TO CONFIRM YOUR INJURY:

Please read carefully: We **require** medical evidence to **verify your injury**. This can be copies of your **hospital notes** or **letters** and/or **fit/sick notes** that **clearly state the injury** and **treatment you received** in A&E or at hospital. If you cannot get any hospital notes or letters that clearly state the injury, then please email us (claims@sportsguard.co.uk) and we will send you an additional form for you to give to your usual general practitioner (GP) or other duly qualified medical practitioner, such as your consultant or the fracture clinic.

E: 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.

I agree that a copy of this consent shall have the validity of the original.

Signature:	Date: / /
Print name:	

CLAIM FORM CHECKLIST:

Please use the below checklist to ensure you have the correct information prior to submitting your claim, any missing or incorrect information will be requested to support your claim. If you are in any doubt what information you need to provide, please call Sportsguard on 01604 644277.

1.	Injured persons details (SECTION A) – needs to be completed by the injured person or their parent/guardian or caregiver if under the age of 18.	<input type="checkbox"/> Yes, completed.
2.	Club details (SECTION B) – should be completed by someone at the club that was present at the time of the injury and signed by them.	<input type="checkbox"/> Yes, completed.
3.	Accident details (SECTION C) – needs to be completed by the injured person or their parent/guardian or caregiver.	<input type="checkbox"/> Yes, completed.
4.	Medical evidence to confirm your injury (SECTION D) – please read this section carefully, if you don't not understand or need further support call Sportsguard on 01604 644277.	<input type="checkbox"/> Yes, understood.
5.	Your rights (SECTION E) – please read this section and tick the box and confirm if you do or do not wish to see medical information before it is sent to us. Then finally this should be signed by the injured person or their parent/guardian or caregiver if under the age of 18.	<input type="checkbox"/> Yes, completed.
6.	You must enclose all medical sick notes you have been issued to date (for injured persons claiming for temporary total disablement) - you can check if you have this benefit by contacting your club or Sportsguard.	<input type="checkbox"/> Yes, enclosed. <input type="checkbox"/> Not applicable.
7.	You must enclose your two months wage slips immediately prior to your accident or if you are self-employed your last tax return or letter from your accountant confirming income and/or bank statements/invoices showing earnings (for injured persons claiming for temporary total disablement only) – you can check if you have this benefit by contacting your club or Sportsguard.	<input type="checkbox"/> Yes, enclosed. <input type="checkbox"/> Not applicable.
8.	Keep a copy of all information you are sending to us, e.g. photocopy, scan or take photos of each sheet of paper.	<input type="checkbox"/> Yes, copied.

OTHER INFORMATION THAT MAY BE REQUIRED:

9.	If you are claiming for a hospital confinement benefit you will also need to submit your discharge notice from the hospital that states, your admission date (date of hospital stay started) and discharge date (date you left hospital). If you do not have a discharge notice, then please email us (claims@sportsguard.co.uk) and we will send you an additional form.	<input type="checkbox"/> Yes, enclosed. <input type="checkbox"/> Not applicable.
10.	Dental claims should include an itemised invoice from the dentist and all receipts.	<input type="checkbox"/> Yes, enclosed. <input type="checkbox"/> Not applicable.

FINALLY, YOU ARE READY TO SEND US YOUR CLAIM FORM:

Return the completed form to us:

by post: Sportsguard, One Overstone Heights, Sywell, Northamptonshire, NN6 0AT

or by email: claims@sportsguard.co.uk