

BRITISH AMERICAN FOOTBALL ASSOCIATION PERSONAL ACCIDENT CLAIM FORM

Policyholder & Policy Number: British American Football Association 100719720GPA

Your Name and Membership Number:

Date of Birth:

Your Address:

**Telephone
No:**

Business:

Home:

Mobile:

Email Address:

Occupation:

Are You Self-Employed: Y / N

REPORT OF ACCIDENT - DATE AND TIME OF OCCURRENCE - LOCATION - WHAT HAPPENED AND HOW IT OCCURRED

**Please advise the activity at the time of
the accident**

DETAILS OF INJURIES SUSTAINED:

Have You Had a Previous Medical Condition Relating to this Body Part? Y / N

If Yes Please Give Details

Please Provide the Date when you were Unable to Work due to the Accident:

Are You Still Unable to Work Y / N

If No Please state the Date you returned to Work:

Have You Been TOTALLY Disabled from carrying out your Usual Occupation? Y / N

If No Please give details of duties/hours undertaken:

Please provide the Date from which you have been able to undertake partial duties:

Please Provide the Name and Address of your usual Doctor:

Have You attended any other Medical Practitioner e.g. hospital/physio/ostoeopath? Y / N

If Yes please provide Names and Addresses:

If your claim is approved, it may be able to credit the money direct to your Bank Account. If you would prefer this please provide the following:

Name of your bank or building society:

Address including Postcode:

Bank Sort Code:

Bank Account Number:

Name of Account Holder(s):

Signature of Insured:	
CLAIMANT DECLARATION I/We declare the above particulars to be true and complete in every respect and that no material information has been withheld. I 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.	
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 avoidance of your policy or refusal of your entire claim.	

Information to provide in support of a claim:-

Temporary Total Disablement – medical certificate and confirmation of weekly wage

Broken bone – medical evidence

Dental injury – treatment plan and invoices for treatment to date

Hospitalisation – admission and discharge documents

Physiotherapy – evidence of the injury and confirmation a medical practitioner has recommended treatment

Facial scarring – photo of scar with ruler/tape measure along side

Please return the form along with supporting documentation to:-

gpaclaims@aviva.com

**Aviva Insurance
4th Floor
The Observatory
Chapel Walks
Manchester
M2 1HL**