Marsh

The British Water Ski & Wakeboard Federation Limited t/as British Water Ski & Wakeboard

Personal accident claim form

Personal Accident Claim Form

Guidance notes

Please arrange to return the fully completed form either by:

Email: paclaims@marsh.com

or

Post: Marsh Sport, NGIS Claims, 4th Floor, 1 Whitehall Quay, Whitehall Road, Leeds, LS1 4HR

The claim handler will contact the claimant directly with their unique claims reference number within 5 working days of receiving the claim form. **If an e-mail address is provided they will use this method to communicate whilst dealing with the claim**.

If the Claim Form is not fully completed, and/or any of the information included is incorrect, or not clear, the Claim Form will be returned to you, to be completed/amended, where applicable, and your claim will not be considered until we are in receipt of all required information.

To ensure benefits are paid promptly, claimants will be given the option on the claim form to elect for their payment to be made by BACS, so please ensure this section of the claim form is completed.

We strongly recommend the claimant keeps copies of all paperwork and correspondence sent to Marsh Sport.

Require Assistance?

If you have any questions, please call Marsh Sport on 0345 872 5060.

How we use your data

As part of providing our services, Marsh Sport, a trading name of Marsh Limited, ("Marsh") will collect, process, and share certain information about you, some of which constitute personal data, and in certain instances, special category personal data. This information may include identification details, financial information, health information, and other relevant information necessary for providing our services, such as arranging insurance cover, managing claims, and complying with our legal obligations. For a comprehensive overview of how Marsh processes and protects your personal data, including the types of data collected, purposes of processing, and your associated data subject rights, please refer to the Marsh Privacy Notice available at: https://www.marsh.com/en-gb/compliance-pages/uk-privacy-notice.html.

Arranged by: Marsh Sport.

Underwritten by: AXA XL Insurance Company Ltd.

British Water Ski & Wakeboard Claim Form

Policyholder	The British Water Ski & Wakeboard Federation Limited t/as British Water Ski & Wakeboard

Policy number	2069873/0

Claimant details

Full Name					
Date of Birth					
Contact address					
Town		County		Postcode	
Telephone					
Email					
For security reasons please provide a password which will be required to access your claims information. **Password:**					

Accident details

Please state the date and time when injured:	Date		Time	
Where the accident occurred				
Circumstances				
Injury Sustained				
Have you previously claimed under this or a similar policy?	☐ Yes ☐ No			
If 'Yes' please provide details including the name, address and policy number of any other insurance policy that may cover this injury				

Employment details

What is your occupation?	
Company Name	
Company Address	
Company Telephone Number	
Date of Employment:	
Type of employment	Clerical/Administrative/Managerial ☐ Manual ☐ F/T education ☐ P/T education ☐ Unemployed ☐
Please describe your duties	

Please state the average gross and net salary over the previous 12 months from the date of the incident:

Gross		Net	
Please provide the date when you were unable to work due to the accident			
Are you still unable to work?			
If NO, please state the date you returned to work:			

Please include copies of the Fit Note or Doctors Note confirming the dates you are signed off work following the injury.

Medical Report

This section must be fully completed by a **duly qualified registered medical professional** - any fee for completion of this section is the responsibility of the claimant. Alternatively, please provide a copy of any formal medical report or discharge summary which confirms the date of the accident, the injury sustained and dates of hospital admission.

Date of Accident				
Dates admitted and discharged from Hospital (if applicable)	Admitted		Discharged	
Full details of injury:				
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 injury?	Yes	☐	No	☐
If 'Yes' please provide the dates				
Are you the patient's usual doctor?	Yes	☐	No	☐
On what date did incapacity commence				
Is the patient still incapacitated	Yes	☐	No	☐
If 'Yes', when will the patient be able to return to work?				
If 'No', when did the claimant return to work:				

I certify that the information I have given is correct.

Your signature		Date	
Qualifications		Position	

Please use validation stamp or complete in BLOCK CAPITALS

Hospital / Surgery name	
Address	

Postcode	
Telephone	
Validation Stamp	

Your Rights/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 surmised 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 6 months after the report is completed.
4. You may ask the doctor to amend any part of the report which 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 considers that you may be physically or mentally harmed by it.

Patient Declaration

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

1. I hereby consent to Axa XL Insurance seeking medical information from my doctor who at any time has attended me concerning conditions which may affect my physical or mental health.

2. Please tick one of the following options below:

I DO wish to see the report before it is sent to Axa XL Insurance ☐

I DO NOT wish to see the report before it is sent to Axa XL ☐

3. I authorise such doctor to disclose such information to Axa XL.

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

Consent to obtain a medical report

By Signing this form I confirm that:

1. I am (full name)
2. I've read this form and am happy to consent to AXA XL Insurance, seeking a medical report (and, if required, supplementary medical information as part of the report) from my doctor regarding my physical and/or mental health so that you can process this claim
3. I am aware that I may contact you at any time to withdraw the above consent.

Signed Date

Name (printed) Date

Payee Bank details

When the claim has been approved, the payment(s) will be credited direct to your nominated bank account stipulated below. This payment method is both speedier and safer than by cheque.

Important: payments cannot be made direct to minors, therefore, if the claimant is aged under 18, please provide the bank account information and supporting documentation, in respect of a bank account belonging to an adult, (i.e. a parent or guardian).

Name of your Bank/Building Society										
Address including postcode										
Bank Sort Code										
Account Number										
Account Name										

Please provide supporting documentation, such as a bank statement, confirming the above bank account information (any other details can be redacted).

Data Protection:

The information that you and your medical representative have provided in the claim form and Doctor's Statement is 'sensitive data' as defined by the Data Protection Act 1988. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future.

In order to administer your claim, this information will be used by XL Catlin. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

Claimant signature		Date	

Parent/Guardian signature (if claimant is Under 18)		Date	

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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 policy or refusal of your entire claim.

Insurer

The Licensed Insurer is AXA XL Insurance Company UK Limited

Registered Office: 20 Gracechurch Street, London EC3V 0BG

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Thank you for completing this form

Marsh Sport
www.marshsport.co.uk

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