

PERSONAL ACCIDENT CLAIM FORM

Policyholder & Policy Number:

English Short Mat Bowls Association

100821526GPA

Your Name:

Date of Birth:

Club Name:

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

MATCH / TRAINING / OTHER - please specify:

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/osteopath? Y / N If Yes please provide Names and Addresses:	
If your claim is approved, we 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 Person:	
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 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 voidance of your policy or refusal of your entire claim.	

Information to provide in support of a claim:

Temporary Total Disablement & Temporary Partial 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

Please return the form along with supporting documentation to:

gpaclaims@aviva.com

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