

The National Game Insurance Scheme

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, Castlemead, 13th Floor, Lower Castle Street, Bristol, BS1 3AG

The claim handler will contact the injured player 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 with the injured player 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.

Checklist

	✓
You fully complete every question before your doctor completes his statement	
The bank account details of the payee has been completed	
You have signed and dated the patient access declaration	
The club secretary or a club official has signed the claim form	
You have signed the claim form	
You have enclosed all requested information/documentation	
Your attending doctor fully completes the required statement	

Require Assistance?

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

How we use your data

Marsh Sport is a trading name of Marsh Ltd. To provide our services, Marsh Sport needs to collect and use information about individuals such as their name and contact details, as well as special categories of personal data (e.g. about their health information) and information about criminal convictions and offences. The purposes for which we use personal data may include arranging insurance cover, handling claims, for crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at <https://www.marsh.com/uk/privacy-notice.html> or in hard copy on request by emailing or writing to Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or dataprotection@marsh.com.

Providing the services may involve the disclosure of personal data to third parties such as insurers (Aviva Insurance Limited), reinsurers, claims handlers (Marsh Sport) loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

Depending on the circumstances, the use of personal data described in this notice may involve a transfer of data to countries outside the UK and the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.

In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) and/or information relating to criminal convictions and offences. Generally, we are able to do this because it is necessary for the insurance activities that we undertake or for fraud prevention purposes.

Where you are providing us with information about a person other than yourself, you agree to notify them of our use of their personal data and, if requested by us, obtain their consent to our use of any special categories of personal data such as health information and information relating to criminal convictions and offences (e.g. by requiring the individual to sign a consent form).

Arranged by: Marsh Sport.

Claims handlers: Marsh Sport.

Underwritten by: Aviva Insurance Limited.

Personal Accident Claim Form

Club details (to be completed by the football club)

Full name of club					
Team Name (as registered on Platform For Football with the County FA)					
Policy number	Please note your claim will not be able to proceed if the personal accident policy number in place on the date of the accident is not stated				
Contact address					
Town		County		Postcode	
Contact name					
Contact telephone					
Email					
Affiliated County FA					
League					

Claimant details (to be completed by the claimant/parent/guardian)

Full name					
Date of Birth					
Address					
Town		County		Postcode	
Home telephone		Work telephone			
Email					
For security reasons please provide a password which will be required to access your claims information. Password:					

Accident details

Please give exact date and time when injured:

Date		Time	
------	--	------	--

Please state fully:

The injuries sustained:

☐ Broken Bones (please indicate)	Foot ☐	Ankle ☐	Lower Leg ☐
	Upper Leg ☐	Hand/fingers ☐	Tibia ☐
	Fibula ☐	Wrist ☐	Arm ☐
	Cheekbone ☐	Jaw ☐	Collar ☐
	Skull ☐	Hip ☐	Nose ☐
	Other ☐		
☐ Dislocation (please indicate)	Knee ☐	Shoulder ☐	Elbow ☐ Hip ☐
☐ Ruptured Achilles Tendon			
☐ Ruptured Cruciate Ligament (please indicate)	Anterior Cruciate Ligament ☐	Posterior Cruciate Ligament ☐	
☐ Concussion/Head injury			
☐ Other (please use the space provided)			

Have you previously claimed under this or a similar policy? ☐ Yes ☐ No

If 'Yes' please provide details

Please give the name, address and policy number of any other insurance policy that may cover this injury

Employment details (this section to be completed only if you are claiming a Temporary Total Disablement Benefit)

What is your occupation?		
Are you self-employed?		
Date of Employment:		
Type of employment	Clerical/Administrative/Managerial ☐ Manual ☐ F/T education ☐ P/T education ☐ Unemployed ☐	
Please describe your duties		
Please tick to confirm that you were in paid employment of at least £250 per week on the date the accident was sustained	Yes ☐	No ☐ If No please state the earnings per week £

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

Gross		Net	
-------	--	-----	--

Name and address of employer	
Email address of employer	

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:	

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.

Name of Hospital or GP Surgery				
Name of Doctor or Consultant				
Date of Accident				
Dates admitted and discharged from Hospital (if applicable)	Admitted		Discharged	
Has the current condition been caused by an accident?	Yes	☐	No	☐

Was any period spent in intensive care?	Yes	☐	No	☐
If 'Yes' please provide the dates	From		To	
Was the patient subsequently confined to their home on medical grounds?	Yes	☐	No	☐
If 'Yes' please provide the dates	From		To	

Accident circumstances:		
Nature and extent of injuries sustained:		
Are the symptoms from which the claimant suffers due to the accident alone?	Yes ☐	No ☐
If NO, please give details of anything in the claimant's previous history which might have contributed directly or indirectly to this injury or the symptoms:		
Is the incapacity related to more than one complaint?	Yes ☐	No ☐
If YES, please give details:		
Are you prepared to certify that the claimant is/has been TOTALLY disabled from attending their usual occupation	Yes ☐	No ☐
If so, what date did TOTAL disablement commence?		
Has TOTAL disability been continuous since this date?	Yes ☐	No ☐
If NO, please give details		
Please state the date the claimant was fit to return to work:		

If the claimant is still incapacitated, please state the expected further duration of disability:	
---	--

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

Access to your medical information

We need information about your health from your doctor to support or check the details provided to us as part of this claim. This form explains how we obtain your medical information, why we need it, and gives important information about your rights. You'll need to sign it and return it to us. You don't have to do so, but if you don't we may be unable to process this claim or proceed with any benefits for a claim already in existence.

What information we need and why we need it

We need your consent to ask your doctor for a report containing specific medical information about your health, to review your claim and to consider whether your reported injury or illness is covered by your policy.

We do this under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively). This is specific legislation which allows insurers, like Aviva, and our claims processors to, with your consent, obtain a medical report which helps us to review your claim in full.

Once we've got the report, we may need to ask for supplementary records (such as specialist letters or x rays) from your doctor to give us any additional information we need to fully assess your claim.

Please be assured that we'll only ask for, and only take into account, the medical information that we need for the claim you are making. We respect the confidentiality and privacy of your information and will ensure that your medical information isn't kept for longer than is necessary and is safe in our hands.

What you need to know

- By signing this form, you give consent to Aviva, who is the insurer of your policy, to request a medical report from your doctor.
- We'll use this form as proof that you've given your consent to request a medical report from your doctor.
- You can withdraw your consent at any time before your doctor sends the medical report to us. If you do change your mind, we may be unable to process your claim or proceed with benefits for a claim already in existence.
- You can ask your doctor to send a copy of the medical report they are preparing before they send it to us. If you would like them to do this, let us know and we'll tell your doctor so they can keep the report for you. You will then have 21 days to arrange to see it with your doctor's surgery. Your doctor will send it to us, unless you tell us that you are withdrawing consent to access the report.
- You can ask your doctor for a copy of the medical report at any time. They should keep a copy for up to six months after sending it to us. If you would like to see a copy of the report at a later date, we can send them a copy to pass on to you.
- If you think any part of the medical report is incorrect or misleading, you can ask your doctor to amend it. If your doctor refuses, you can ask them to attach a statement outlining your views to the report.
- Your doctor can withhold access to the medical report if they feel it would cause physical or mental harm to you or others

What types of medical information we ask for

We'll ask your doctor to prepare a medical report containing information about:

- your medical history, including details of any relevant illnesses, trauma, hospital admissions, medical consultations, referrals, tests or investigations and treatments you may have had; and
- your current state of health including any care, medication or treatment you're receiving and the results of any referrals or tests you're waiting for.

We won't ask your doctor to include information about:

- Negative tests for HIV, hepatitis B or C;
- sexually-transmitted diseases – unless there could be long-term effects on your health; or
- predictive genetic test results.

If this information is included in the medical report, we won't take it into account when considering a claim except for:

- genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000

favourable genetic test results, if they show that you haven't inherited a condition your family suffers from

More information

If you have any questions about your rights under the Access to Medical Reports Act 1988 or the process of getting, assessing or storing medical information, please write to: Chief Medical Underwriter, Aviva, Wellington Row, York, YO90 1WR.

If you want to know more information generally about how Aviva uses your personal data and your rights in relation to it, please refer to the Data Protection Privacy Notice that you should have received when you applied for the policy or you can view the full Privacy Policy at: www.aviva.co.uk/privacypolicy, or request a copy by contacting Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

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 Aviva, 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. This payment method is both speedier and safer than by cheque.

Please complete the following details in respect of your nominated bank account and provide supporting documentation, such as a bank statement, confirming the bank account information.

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										

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 General Data Protection Regulations. 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 Marsh Sport and Aviva Insurance Limited (insurers). 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 you to act for them appointed, 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 and I agree to my personal data being used as described on this form.

Claimant signature		Date	
Parent/Guardian signature (if claimant is Under 18)		Date	
Club official signature		Date	
Position in club			

Please arrange to return the fully completed form either by:

Email: paclaims@marsh.com

or

Post: Marsh Sport, NGIS Claims, Castlemead, 13th Floor, Lower Castle Street, Bristol, BS1 3AG

Notice to all Claimants:

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 the claimant, to be completed/amended, where applicable, and the claim will not be considered until we are in receipt of all required information.

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

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.

Insurer

The Licensed Insurer is Aviva Insurance Limited. Registered in Scotland No.2116

Registered Office: Pitheavlis, Perth PH2 0NH

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

Marsh Sport is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511).

Copyright © 2025 Marsh Ltd. All rights reserved. 1041239548



Chartered