MARSH

Last updated 27 April 2026

Personal accident claims form

The National Game Insurance Scheme

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 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

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.

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 enter the County FA specific code which consists of letters and numbers)	100798252BDN/ **Please note your claim will not be able to proceed if the Aviva Personal Accident Policy Number in place on the date of the accident is not stated in full**

Contact name					
Contact address					
Town		County		Postcode	
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 state fully:

Please state the date and time when injured:	Date		Time	

Where the accident occurred	

When you were injured, what type of team were you representing?	Adult Football Team ☐ Adult Football: Mixed Team ☐ Adult Football: Small Sided/Vets team ☐ Walking Football Team ☐	Youth Football Team ☐ A Club official of an Adult football team ☐ A Club official of a Youth football team ☐

Did the accident occur during an organised fixture or a friendly match?	
How did the accident occur?	
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	

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	☐	Anterior Cruciate Ligament	☐	Posterior Cruciate Ligament		
☐	Grade 3 MCL injury (Complete tear of the Medial Collateral Ligament)						
☐	Concussion/Head injury						
☐	Other (please use the space provided)						

Insured Persons Resident in Guernsey & Jersey

If an Insured Person residing in Guernsey or Jersey, where there is no National Health Service, sustains Accidental Bodily Injury resulting in medical expenses, such expenses include, but are not limited to, charges for immediate X-rays, Scans and Ambulance Services.

In the event that these charges are incurred, please provide copies of the relevant receipts.

Please note that coverage does not apply to costs that are reimbursed or payable under any other insurance policy.

☐ Please tick the box to confirm if copies of all relevant receipts are enclosed.

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

What is your occupation? (This should be your main occupation outside of any income arising from football)		
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:	

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.

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:

I am (full name)

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

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).

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	
Club official signature		Date	
Position in club			

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Notice to all Claimants:

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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 voidance 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

Marsh Ltd
www.marshsport.co.uk

Insurance Brokers
Chartered