

Personal Accident Claim Form



Please arrange to return the fully completed form either by:

Post: AXA XL, 20 Gracechurch Street, London, EC3V 0BG

E-Mail to your claims contact at XL Catlin

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 XL Catlin.

Insured/Policy Holder (This section is to be completed by you)

Insured Name:

Policy Number:

Insured Contact:

Address:

Telephone Number:

E-Mail Address:

Claimant Details:

Full Name:

Date of Birth:

Address:

Home Telephone:

Work Telephone:

E-Mail Address:

Employment Details

Occupation:

Please describe your duties:

Company Name:

Company Address:

Telephone Number:

E-Mail Address:

Full Postal Address:

Please confirm average gross and net salary over previous 12 months from the date of the incident
(Please enclose copies of 13 weeks payslips prior to the event):

Gross:

Net:

Accident Details

Date & Time:

Location:

Circumstances:

Injuries sustained:

Have you previously claimed under this or a similar policy?

If 'Yes' please provide details:

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

Hospital Statement: (Only complete this section if you are claiming a hospitalisation benefit)

This section must be fully completed by hospital medical staff – any fee for completion of this section is the responsibility of the claimant

Name of Doctor or Consultant:

Dates admitted/released:

Was any period spent in intensive care? Yes No

If 'Yes' please confirm the admitted/release dates:

Was the patient confined to their home on medical grounds? Yes No

If 'Yes' please provide the dates:

Please provide any additional information that you feel is relevant:

Your signature:

Date:

Qualifications:

Position:

Please use validation stamp or complete in BLOCK CAPITALS

Hospital name:

Address:

Telephone:

Doctors Statement: This section must be completed by attending doctor or fully qualified medical practitioner.

Patients name:

Date of Birth:

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?

If yes, please give details including dates of injury:

Are you the patient's usual doctor?

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:

Your signature: Date:

Qualifications: Position:

Please use validation stamp or complete in BLOCK CAPITALS

Name:

Address:

Telephone:

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 summarised 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 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
☐ 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.

Signed:

Date:

Payee Bank details:

When the claim has been approved, you may have the payment credited direct to your bank account. This payment method is both speedier and safer than by cheque. Please complete the following;

Name of your Bank/Building Society:

Address:

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 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:

Club Official Signature:

Date:

Position in Club:

Thank you for completing this form: Please return the completed form with any enclosures to:

Axa XL, 20 Gracechurch Street, London, EC3V 0BG