

Martial Arts Scheme

Personal Accident Policy

claim form

Return to:
 TL Risk Solutions Limited,
 Lombard House,
 Great Charles Street,
 Birmingham B3 3LP

Policy Number _____

Licence Number _____

Expiry Date _____

This form should be completed and returned without delay

The MEDICAL CERTIFICATE OVERLEAF is to be furnished at the expense of the Insured

1. Insured Association

Name in Full _____

Correspondence Address _____

Postcode _____

Telephone Number _____

2. Member Details

Name _____

Home Address _____

Postcode _____

Occupation _____

Your Date of Birth _____

Name of instructor _____

3. Nature of incapacity

When did it commence _____

If incapacity due to an accident, how and when, did it occur _____

4. State the period during which member has been totally disabled for work as the sole and direct result of the accident

Is the member still disabled? If so, when does the member expect to return to work? _____

5. Name and address of GP

Please Turn Over

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6. Are the benefits for which you are claiming insured under any other policy?

We require completion of a medical report by the doctor who is caring for you, to enable us to deal with an insurance claim. We need your consent to the supply of this report by signing in the space indicated below. Before doing so, however, you should read this note carefully as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent to our being provided with a report but if you do, you have the right to tell the doctor you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless either he has shown it to you, or 21 days have passed without you having contacted your doctor about arrangements for you to see it. Of course, the quicker you act, the quicker the claim can be considered, and we may not be able to proceed with the claim in the absence of medical information.

Whether or not you say you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six months after it is supplied, if you ask.

If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen a report, before it is sent to us the doctor cannot submit it until he has your consent. You can write to the doctor asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of a report if, in his opinion, it would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intention towards you, or if disclosure would be likely to reveal information about, or the identity of another person who has supplied information about you unless that person has consented or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

To be completed by Insured Person

Summary

Before we the Royal & Sun Alliance Insurance Group / FirstAssist Rehabilitation / FirstAssist / Procure and any translation services we may need to employ, can apply for a medical report from your doctor, we need your consent. Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988 as detailed above, but the main points are as follows;


- You can withhold your consent
- You can see the report before it is sent to us. or during the six months after that
- You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments
- The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it

Consent to obtain a Medical Report


I have been informed of my statutory rights under the Access to Medical Reports Act 1988, and, in connection with an insurance claim, hereby consent to the Royal & Sun Alliance Group being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

Further information

To find out more about our martial arts policies, contact us today on:

 0121 214 6060

 enquiries@tlrisksolutions.com

 www.tlrisksolutions.com

This document is issued by TL Risk Solutions Limited, Lombard House, Great Charles Street, Birmingham B3 3LP. Authorised and regulated by the Financial Services Authority.

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I do not wish to see the report before it is sent to the Company

Please tick one box only.

I do wish to see the report before it is sent to the Company

Name in CAPITALS _____

Date of Birth _____

Name of Doctor _____

Doctors Address _____

Postcode _____

Signature _____

Date _____

Private & Confidential

Medical Certificate to be completed by member's doctor

It is understood that this certificate will be completed on the basis of your existing knowledge and without undertaking any further examination.

I certify that _____

Has been unable to attend to work since _____

As a result of _____

Has the patient suffered previously from this condition? if so please give details:

If the patient's condition is complicated by any other disease or infirmity, please give brief particulars:

The claim cannot proceed unless the one of the following is selected and completed below in full – Please read definitions carefully below before completion:

Temporary Total Disablement

Bodily injury or illness which is the sole and direct cause of the Insured Person being totally disabled from attending to his/her business or occupation.

Temporary Partial Disablement

Bodily injury or illness which is the sole and direct cause of the Insured Person being totally disabled from attending to part of his/her business or occupation.

Please **delete** that which **does not** apply to the claimant.

He/She is solely and **directly totally** or **partially** disabled as a result of the **accident or illness** and will be so disabled until: -

Signature _____

Qualifications _____

Date _____