

COBRA Insurance Brokers Ltd
Football Personal Accident Claim Form

Please complete this form in full answering the questions to the best of your knowledge and return to:

Claims Department, COBRA Insurance Brokers Limited
Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

DETAILS OF YOUR CLUB:

Club Name:

League:

County Association affiliated to:

YOUR DETAILS:

Full Name:

Address:

Postcode:

Contact Telephone Number:

Date of Birth:

Height:

Weight:

Occupation:

Average Wage:

Date you joined your club:

ACCIDENT DETAILS:

Date/time/place of injury:

Exact nature of injury:

How did the injury occur ?

DETAILS OF DISABILITY:

Have you suffered from this disability before ? Yes/No (if Yes, please give details)

If you are back at work, please confirm the date you returned:

HOSPITALISATION CLAIMS:

Name of Hospital:

Address:

Telephone Number:

Hospital Reference Number:

Date of admission:

Date of discharge from in-patients:

Important – you must send a Hospitalisation certificate or a copy of your discharge note, which must clearly state your admission and discharge dates.

DOCTORS STATEMENT (to be completed by your GP or consultant):

This is to certify that (insert claimants name):

Is suffering from (insert nature of injury):

He/she will be unable to work from (insert date) _____ to (insert date) _____ :

Have you treated the claimant for the same or a similar complaint ? Yes/No (if Yes, please give details):

Does the claimant show any other signs of being affected by any other complaint including physical infirmity ? Yes/No (if Yes, please give details):

General Comments:

Name:

Qualifications:

Address:

Signed:

Date:

DECLARATION & AUTHORISATION (to be completed by the claimant):

I declare that the above particulars are true and complete and are to the best of my knowledge and belief.

I hereby authorise any hospital, physician or any other person who attended me or examined me to furnish Tokio Marine Europe Insurance Limited or its representatives with any information with respect to illness, medical history, consultation, prescription or treatment and copies of all hospital or medical records.

Signature:

Date:

Additional Information:

Important – please note that this form must be submitted to COBRA Insurance Brokers within 14 days of sustaining your injury

Please do not forget to obtain a Certificate from your GP

If you have any questions regarding the completion of this form, please contact :

Sarah Close - Claims Executive

Telephone: 01883 333509

Email: sarah.close@cobrainurance.co.uk