# PERSONAL ACCIDENT CLAIM FORM

Please return Completed Claim Form and Medical Certificate(s)/ Other evidence to:

The University of Manchester
Insurance Office
John Owens Building
Room MLG.006
Oxford Road
Manchester
M13 9PL

Policy Number: RTT260294

Claims Reference (If known):

(for official use)

Notes for Policy Holders

1. Further Statements of Fitness for Work are required at regular intervals during periods of disablement. The Group may subsequently require a Medical Report from the Insured Person's Doctor.
2. The Insured Person may be required to submit to Medical Examination on behalf and at the expense of the Group in connection with any claim.
3. Please use separate sheets of paper to respond to questions where there is insufficient space on this form.

## A. POLICYHOLDER:

Full Name: The University of Manchester

Address: Oxford Road
Manchester

Postcode M13 9PL

Telephone number: 0161-306 6000

Business Description: Student Sports

## B. INSURED PERSON:

Full Name: Age:

Address:

Postcode

Telephone number:

Monthly/Weekly Salary/Wages (Delete as Appropriate) Gross: Net:

Occupation:

Relationship to Policyholder:

## C. ACCIDENT / ILLNESS:

Date: Time: am/pm

Where did it happen?

How did it happen?

Name and address of Witness (if any):

Postcode

Telephone number:

Nature of Injury/Illness:

## D. DISABLEMENT:

When did incapacity start?

When did it end?

Has the Insured Person previously suffered from the same or similar complaint? Yes ☐ No ☐

If '**yes**', give details including date complaint arose and period of incapacity:

Was a claim made? Yes ☐ No ☐

If so give details:

## E. MEDICAL TREATMENT:

Did the Insured Person receive medical treatment? Yes ☐ No ☐

If '**yes**', give details:

Is Medical Treatment ongoing? Yes ☐ No ☐

Name of Doctor now Attending Insured Person:

Address (Note – the Medical Certificate referred to should be completed by this Doctor):

Postcode

| | |
|---|---|
| Give name and address of usual Doctor (if not as above or in Medical Certificate in Section G): | Postcode |

**Please forward any relevant medical reports/receipts**

## F. DECLARATION:

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

I/We understand that you may seek information from other insurers to check the answers I/we have provided.

| | |
|---|---|
| Policyholder's signature: | |
| Date: | |
| Print Name and job title/ position: | |
| Please detail who you would like cheques to be made payable to: | |

## G. MEDICAL CERTIFICATE:

This is to certify that Mr/Mrs/Miss/Ms:

Is suffering from:

And will/will probably be unfit to resume work until (Delete as necessary):

Disablement from engaging in or attending usual business or occupation commenced on:

Total disablement: From / / to / /

Partial disablement: From / / to / /

(Total disablement occurs when the Insured is **wholly** prevented from attending to his/her business or occupation. Partial disablement implies that he/she is able to transact some portion of his/her occupation).

Has your patient ever suffered from the same or similar complaint / or any contributory factors in the past? If yes, please provide details below.

| | |
|---|---|
| Signature Qualification: | |
| Date: | |
| Name and address: | Postcode |

## H. ACCESS TO MEDICAL REPORTS ACT 1988

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 our your fights 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 arrangement 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 persons 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 the Insured Person**

**Summary**

Before we the RSA Group/FirstAssist Rehabilitation/FirstAssist and any translation services we may we 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 right sunder 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 no in agreement, you may append your comments
- The doctor can withhold from you the report, or part of it, if they think 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 RSA 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.

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

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

**Please tick one box only.**

Name in CAPITALS: _____ Date of birth: _____

Name of Doctor: _____

Doctors Address: _____

Postcode

Signature: _____

Date: _____

Royal & Sun Alliance Insurance plc (No. 93792).
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