

MartialGuard Instructors Personal Accident Insurance

If you are not capable of work for more than 28 days as a result of an accident, complete and return this form with a medical certificate obtained from your doctor, to: **A&H Claims Unit, Allianz Insurance plc, 500 Avebury Boulevard, Milton Keynes, MK9 2XX** or email to casualtyn@allianz.co.uk

Ref No (Allianz use only)

Policyholder details

Your name

Policy number*

*Please note this is shown on your Policy schedule and certificate

Address Postcode

Telephone no: Home Work

Occupation Date of Birth

Normal gross weekly wage

Date first absent from work Are you totally disabled from working? Yes No

When does your doctor say you will be fit to resume work?

Name and address of the doctor who signed the medical certificate

Name and address of your usual doctor, if different from above



Accident claim

Date of accident Time am/pm Place

How did the accident occur?

What are your injuries?

Are you claiming under or being paid any benefit by any other insurance or sources in respect of this disablement? Yes No

If **Yes**, state name and address of insurer, policy number and benefits

Access to Medical Reports Act 1988

Under the terms of this Act you have the following rights:

- To see any report your doctor is asked to provide for your Insurer before it is released.
- To have access to a medical report which has been supplied in the previous six months.
- To ask your doctor if he/she 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.
- To withhold your consent, however, we may not be able to proceed in the absence of medical information.
- Your doctor can withhold from you the report, or part of it, if he/she thinks you would be harmed by seeing it.

When asking your doctor to complete the medical report overleaf please advise him/her how you wish to proceed.

Consent to obtain a medical report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained above and in connection with my insurance claim I hereby consent to Allianz Insurance plc seeking medical information from any doctor who at any time has attended to 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 wish to see the report before it is sent to Allianz Yes No Delete as applicable.

Doctor's name

Doctor's address

Insured persons signature

Date

Checklist

Please return to A&H Claims Unit, Allianz Insurance plc, 500 Avebury Boulevard, Milton Keynes MK9 2XX or email to casualtyn@allianz.co.uk as soon as possible with any medical certificates, hospital letters and any other documentation you hold relevant to this claim.

Please ensure

- you have fully completed every question **before** your doctor completes his or her statement
- you have enclosed all requested information and documentation
- you have signed this claim form
- your attending doctor fully completes the statement.

Please note failure to do so may result in delay in handling your claim.

Important – Please read the following carefully before signing Data Protection Act

Allianz Insurance plc together with other companies within the Allianz SE group of companies (“Allianz”) may use the personal and business details you have provided or which are supplied by third parties including any details of directors, officers, partners and employees (whose consent you must obtain) to:

- provide you with a quotation, deal with the associated administration of your policy and to handle claims;
- search credit reference, credit scoring and fraud agencies who may keep a record of the search;
- share with other insurance organisations to help offset risks, administer your policy, for statistical analysis, and to handle claims and prevent fraud;
- support the development of our business by including your details in customer surveys, for market research and business reviews which may be carried out by third parties acting on our behalf.

Allianz may need to collect and process data relating to individuals who may benefit from the policy (“Insured Persons”), which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by Allianz and that this fact is made known to the Insured Persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the “ELTO”) and added to an electronic database, (the “Database”) in a format set out by the Employer’s Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers’ liability insurance of their employers, (the “Claimants”):

- I to identify which insurer (or insurers) was (or were) providing employers’ liability cover during the relevant periods of employment; and
- II to identify the relevant employers’ liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers’ liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of your data and your insurance policy data in this way and for these purposes and that your directors, officers, partners, and employees have consented to our using their details in this way.

Fraudulent and exaggerated claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, **you must disclose it.**

Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

Signature (required for all claims)

I declare the foregoing particulars to be correct to the best of my knowledge and belief:

Insured persons signature

Date

Medical report (To be completed by the injured person's medical attendant)

This is to certify that

is suffering from

and will probably be unfit to resume work until

If disablement is only partial please state when resumption of full duties should be possible

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

If a definite/estimated date of return to work can be given please complete the following

Total disablement from to Partial disablement from to

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 episode?

Yes No

If **Yes**, please give details including dates, treatments and consultations

On the basis of your existing knowledge and without undertaking any further examination, is it your opinion that the disablement indicated above is solely attributable to the specific illness or injury sustained?

Yes No

If **No**, state other contributory factors and the extent to which disablement is thereby affected

Are you the patient's usual medical attendant?

Yes No

Signature

Date

Qualifications

Address

Postcode