

Personal Accident Claim Form

Please answer questions, but if any are inapplicable, please write 'Not Applicable'



Name of insured company _____ Policy number _____
Name of claimant (in full) _____ Date of birth _____
Address _____

Postcode _____
Email address _____ Telephone no. _____
Present business or occupation _____
Date your employment commenced with your current employer _____

How did the accident occur and what were you doing at that time? _____

Date of accident ____ / ____ / ____ Time _____ am/pm Place _____
Witnesses' names and addresses _____

State as fully as possible what injuries you have suffered

Date Doctor first consulted ____ / ____ / ____ Is he/she your usual medical attendant? Yes No
Name and address of your usual medical attendant _____

Has any other Doctor/Specialist been consulted? Yes No Date consulted ____ / ____ / ____
If YES, please give name and address _____

During what period have you been confined to hospital? From ____ / ____ / ____ To ____ / ____ / ____ (inclusive)
Hospital name and address _____

When were you next able to attend:
(a) To a PORTION of your usual business or occupation? _____
(b) To the WHOLE of your usual business or occupation? _____

I/We declare that the whole of the statements made in this claim form and any supplementary statements forming part of the claim are true to the best of my/our knowledge and belief
Signature _____ Date ____ / ____ / ____

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY

Chartis Insurance UK Limited, The Chartis Building, 2-8 Altyre Road, Croydon, Surrey CR9 2LG Tel: 0845 602 9429 Fax: 020 8253 7569

Medical Certificate

This certificate will be completed at the expense of the claimant



To be completed by your treating doctor. This certificate will be completed at the expense of the claimant.

1. a) Are you the claimant's usual medical attendant? Yes No
- b) How long have you known the claimant? _____
- c) Are you still in attendance? Yes No
- d) Date of first attendance for this present injury _____

2. Accident Details

- a) What was the DATE and cause of the accident as far as you know? _____

- b) What injuries were sustained? (If a hand, arm, foot or leg please state right or left) _____

- c) Treatment _____

3. Is there anything in the medical history which might have contributed to the occurrence of the accident or which may in any way retard recovery?

4. Have any of the conditions referred to above left any effect upon the claimant's constitution? If so, has the claimant any knowledge of the nature of the complaint?

5. a) During what period has the claimant been TOTALLY disabled from attending to any portion of their NORMAL duties?

From _____ to _____ (inclusive)

- b) If claimant is still totally disabled, please state probable date of PARTIAL resumption of their NORMAL duties

- c) If claimant is PARTIALLY disabled, please state from when and probable date of COMPLETE recovery

From _____ to _____ (inclusive)

- d) If claimant has recovered please state date of recovery _____

6. During what period has the claimant been confined to hospital?

From _____ to _____

I certify that these particulars are true and correct

Signature _____ Qualifications _____

Address _____

_____ Date _____ / _____ / _____

**Access to Medical Records Act, 1988/Access to Personal Files and Medical Reports
(Northern Ireland) Order 1991/Access to Health Records and Reports Act 1993
(Isle of Man) (“The Acts”)**

To enable Chartis Insurance UK Limited to assess your claim, it may be necessary to obtain medical evidence. Any reports which are requested from **your** doctors are subject to the Acts. (Please note that Reports requested from Doctors appointed by Chartis Insurance UK Limited are **not** subject to the Acts). In summary your statutory rights are as follows.

1. A Medical Report cannot be requested from any doctor who has attended you, without your written authority.
2. You do not have to give your consent. If you do consent, you can say whether you wish to see the report before it is supplied. If you do not give consent we may be unable to proceed with your claim.
3. If you say you wish to see the report, we will write to your doctor and tell them, and advise you that we have done so. You will then have 21 days from the date of notification to contact the doctor to make arrangements for you to see the report.
4. The medical practitioner will be informed that you wish to have access to the report and will allow 21 days from the date of the notification for you to see and approve it before it is supplied to us. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to it being supplied.
5. If you say that you do not wish to see the report, we do not have to notify you if we apply for one.
6. Whether or not you say you wish to see the report before it is sent to us, you may ask your doctor to show you a copy of the report for up to 6 months after it is supplied. The practitioner may charge a reasonable fee for the cost of supplying a report not exceeding £50.
7. If you see a report before it is sent to us, the doctor cannot submit it until you give your consent. You can write to the doctor, asking that any part of the report which you consider to be incorrect or misleading be amended and to have attached to the report a statement of your views on any part where you and the doctor are not in agreement.
8. The doctor is not obliged to let you see any part of a report if,
 - a) In his/her opinion it would be likely to cause serious harm to your physical or mental health, or that of others.
 - b) It would indicate the doctor's intentions towards you.
 - c) Disclosure would be likely to reveal information relating to, or the identity of, someone else that has supplied information about you, unless that person has consented.

How we use personal information about you

Information which you supply to us, including sensitive information relating to health or medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area (“**EEA**”) for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information on:

- how we use your information
- your rights to access information which we hold on you or to correct any inaccurate information

by writing to our Data Protection Officer by e-mail to DataProtectionOfficer@chartis.com or by post to Data Protection Officer, Chartis Insurance UK Limited, The Chartis Building, 58 Fenchurch Street, London EC3M 4AB.

DECLARATION I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL, TRUE AND CORRECT, AND I UNDERSTAND THAT IF I GIVE INFORMATION THAT IS INCORRECT OR INCOMPLETE YOU MAY TAKE ACTION AGAINST ME, INCLUDING COURT ACTION.

I GIVE PERMISSION FOR MY PERSONAL INFORMATION TO BE USED AND SHARED IN THE WAYS DESCRIBED ABOVE. I CONFIRM THAT I WILL NOT PROVIDE ANY PERSONAL INFORMATION ABOUT ANOTHER PERSON WITHOUT THAT PERSON'S PERMISSION.

Signed _____ Date _____

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Signature _____ Date _____ / _____ / _____

Full Name _____