

Personal Accident & Sickness Claim Form

If you are not capable of work as a result of sickness or an accident, complete and return this form with a medical certificate, obtained from your doctor, to:

Allianz Insurance plc, 500 Avebury Boulevard, Milton Keynes, MK9 2XX Email: casualtyn@allianz.co.uk

Ref No. (Allianz use only)

Policyholder details

Name of Insured

Policy number

Address

Postcode

Company Contact Name

Email address

Insured person's details

Full name

Postal address

Postcode

Occupation

DOB

Duties carried out

Annual salary or gross basic

£

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

Sickness claim

What is the nature of sickness?

Period of Sickness: from

to

Is the sickness still ongoing? **Yes** **No**

If **'Yes'**, please advise the date you anticipate that you will return to full fitness:

from

Have you ever suffered before from the same sickness?

Yes **No**

If **'Yes'**, state when and period you were off work



Accident claim

Date of accident Time am/pm Place

How did the accident occur?

What are your injuries?

Have you ever had a similar accident before?

Yes

No

If 'Yes', give details

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 they 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 they think you would be harmed by seeing it.

When asking your doctor to complete the medical report overleaf please advise them 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

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

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

VERY IMPORTANT – 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, correct and complete 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 application of cover under the terms and conditions 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 RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

Signature (required for all claims)

I confirm the information submitted on this form is correct to the best of my knowledge and belief.

Insured Person's signature	<input type="text"/>	Date	<input type="text"/>
Insured's signature	<input type="text"/>	Date	<input type="text"/>
Position	<input type="text"/>		

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

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

Has the patient been attended or treated for this condition or a related diagnosis?

Yes No

If Yes please provide details and dates

Have you previously attended the patient?

Yes No

If Yes for what purposes and on what dates?

Are you the patient's usual medical attendant?

Yes No

Signature

Date

Qualifications

Address

Postcode