

SPORTS PERSONAL ACCIDENT CLAIM FORM

Please send completed Claim Form and Documentation to:

Sentry Solutions, New Century House, 17-21 New Century Road, Laindon, SS15 6AG
claim@sentrysolutions.co.uk

Scheme Ref: A03253

Date

/ /

Notes for Policy Holders

Further Medical Certificates are required at regular intervals during periods of disablement. There may be requirement for a subsequent Medical Report from the Insured Person's Doctor.

The Insured Person may be required to submit to Medical Examination on behalf in connection with any claim if requested.

Please use separate sheets of paper to respond to questions where there is insufficient space on this form.

A. POLICYHOLDER

Name

Policy No. **PSA 10461 T** _____ (Please Complete)

Address

Email Address

Telephone No

Current Occupation

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

Net:

B. CIRCUMSTANCE SURROUNDING ACCIDENT/INJURY

Date

Time

am/pm

How did it happen?

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

Policyholder's Signature	Date
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Print Name and job title/position

E. MEDICAL CERTIFICATE

Please note that this Section is to be completed by a qualified Medical Practitioner

This is to certify that Mr/Mrs/Miss/Ms
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Is suffering from

And will/will probably be unfit to resume work until (Delete as necessary)
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Disablement from engaging in or attending usual business or occupation commenced on

Total disablement From / / to / /	Partial disablement From / / to / /
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(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).
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 specified injury/illness sustained?

Yes No

If '**No**', please state below any contributory factors and the extent to which disablement is or has been affected.

Signature	Date
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Qualification

Name and Address

Claim Settlement

If your claim is approved and a cash settlement is due, we will deposit the amount payable directly to the account of the Policy Holder (we cannot deposit into a credit card account). Please provide account details below:

Account Holder (Policy Holder):

Sort Code:

Account Number: