

MARTIAL ARTS CLAIM FORM

Towry Law Insurance Bks
Alpha Tower
Queensway
Birmingham
B1 1EJ

POLICY NUMBER

LICENCE NUMBER

DATE OF EXPIRY

This form should be completed and returned without delay

The MEDICAL CERTIFICATE OVERLEAF is to be furnished at the expense of the Insured

INSURED ASSOCIATION	
1. Name in full	
Address	
Tel No.	
If more than one state all	
MEMBER	
2. Name	
Home Address	
Occupation	
Name of Instructor	
3. (a) Nature of incapacity	
(b) When did it commence?	
(c) If incapacity due to an accident, how and when, did the accident occur?	
4. (a) Period during which Member has been totally disabled for work as the sole and direct result of the accident?	
(b) Is Member still disabled? If so when does he expect to return to work?	
5. Name and address of Member ordinary medical attendant	
6. Are the benefits for which you are claiming insured under any other policy?	

I THE UNDERSIGNED do hereby declare that, to the best of my knowledge and belief, the foregoing particulars are true and correct. If in order to process my claim it is necessary to Contact my Doctor, either for information concerning the present incapacity, or previous medical history, I hereby give permission for this to be done.

Please complete and sign the consent form and return this claim to us without delay so that we may give the matter our further consideration.

I have been informed of my statutory rights under the Access of Medical Reports Act 1988 and in connection with the above matter, hereby consent to Royal Insurance plc, seeking 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 wish to see/do not wish to see* the report before it is sent to the Company

*Delete as appropriate

Signed
Member

Date

The information given on this form is true and correct to the best of my/our knowledge and belief

Date

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Signature of Instructor

e10/32

MEDICAL CERTIFICATE TO BE COMPLETED BY MEMBERS DOCTOR

It is understood that this certificate will be completed on the basis of your existing knowledge and without undertaking any further examination.

I CERTIFY that

Has been unable to attend to this work since

as a result of

Has the patient suffered previously from this condition? If so, please give details:-

If the patient's condition is complicated by any other disease or infirmity, please give brief particulars:-

Your claim CANNOT proceed unless the one of the following is selected and completed below in full - Please read definitions CAREFULLY below before completion

Temporary Total Disablement

Bodily Injury or Illness which is the sole and direct cause of the Insured Person being totally disabled and prevented from attending to his business or occupation.

Temporary Partial Disablement

Bodily Injury or Illness which is the sole and direct cause of the Insured Person being partially disabled and prevented from attending to a substantial part of his business or occupation.

Please **DELETE** that which **DOES NOT** apply to the claimant

He is solely and directly **totally or partially** disabled as a result of the **accident or illness** and will be so disabled until :-

Signature and
Qualifications

Date

ACCESS TO MEDICAL REPORTS ACT 1988

BEFORE WE CAN APPLY FOR A MEDICAL REPORT FROM A DOCTOR WHO HAS CARED FOR YOU:

1. We must have your consent.
2. You need not give your consent.

IF YOU GIVE YOUR CONSENT:

1. You can say if you wish to see the report before it is sent to us.

IF YOU WISH TO SEE THE REPORT:

1. We will tell you when we write to the doctor.
2. We will tell him you wish to see the report.
3. You will then have 21 days to contact the doctor to make arrangements to see the report.
4. If you do not contact him within 21 days he will then send the report to us.
5. You could ask the doctor to see the report at any time up to 6 months after it is supplied.
6. You can ask the doctor for a copy of the report but he would charge a fee to cover his costs.

IF YOU SEE THE REPORT BEFORE IT IS SENT TO US:

1. The doctor cannot submit it to us without your consent.
2. You can ask the doctor, in writing, to amend any part of the report you consider to be incorrect or misleading.
3. If the doctor does not agree to the change, you may attach a statement of your own views.
4. You may withdraw your consent to the report being sent to us.

IF YOU SAY YOU DO NOT WISH TO SEE THE REPORT:

1. We do not have to notify you if we apply for one.
2. In practice we would tell you of our intentions.
3. You could still see the report by writing to the doctor before he has sent the report to us, telling him of your wish to see it.
4. You would have to make arrangements with the doctor within 21 days of writing to him to see the report otherwise he will send the report to us.
5. You would in any event still be able to see the report at any time up to six months after it is supplied.

THE DOCTOR IS NOT OBLIGED TO LET YOU SEE THE REPORT OR ANY PART OF IT IS IN HIS OPINION:

1. It would be likely to cause serious harm to your physical or mental health, or to that of others or
2. It would indicate the doctor's intention towards you or
3. Disclosure would be likely to reveal information about, or the identity of another person who has supplied information about you.

UNLESS:

- A) The person has consented or
- B) 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, the doctor must not send it to us unless you give your consent.

IF YOU ARE UNABLE TO GIVE YOUR CONSENT:

We need to discuss the implications with you immediately, but it is unlikely that we would be able to take the matter any further forward.