

**GOGAN INSURANCES LTD T/A GOGANS
PERSONAL ACCIDENT INSURANCE CLAIM FORM**

Certificate No _____ Period of Insurance _____

Name of Insured Person in full _____

Telephone Number _____ Email Address _____

Address _____

Name of Assured Club/Centre _____

Telephone Number _____ Email Address _____

Address _____

1. State when and where the accident took place
Time _____ Date _____
Place _____

2. Explain the exact circumstances surrounding the incident.
("playing a match" is not sufficient)

3. State as precisely as possible the injuries sustained.

4. Give the name and addresses of any witnesses to the accident

5. If claiming medical expenses:
a) state the total of such costs
b) enclose original invoices/receipts

DECLARATION

*Please note that **both** the following sections must be completed
Note: If the insured person is under 18 years of age these sections must be completed by a Parent/ Guardian*

I hereby declare that the foregoing particulars are true in every aspect and hereby authorise the doctor to give insurers any additional information required in connection with this claim.

Signed _____ Date _____

DISCHARGE

I/We hereby agree to accept the sum of € _____ (per 5 above) in full settlement and discharge of any claims that I/We have against Lloyds Underwriters in respect of the accident described above.

Signed _____ Date _____

Witness _____ State relationship to Insured Person _____

Please ensure all questions are completed, otherwise the claim form will be returned to the club