

Personal Accident and Sickness Claim Form

Allianz Insurance plc | Commercial



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

A&H Claims Unit, Allianz Insurance plc., PO Box 5525, Milton Keynes, MK9 2XR.

Ref No (Company use only)

Policyholder Details

Name of Insured	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Telephone No Home	<input type="text"/>	Work	<input type="text"/>

Insured Person Details

Full Name	<input type="text"/>			
Postal Address	<input type="text"/>		Postcode	<input type="text"/>
Occupation	<input type="text"/>	Age	<input type="text"/>	
Date first absent from work	<input type="text"/>	Are you totally disabled from working?	<input type="text"/>	
When does your Doctor say you will be fit to resume work?	<input type="text"/>			
Name and address of the Doctor who signed the Medical Certificate	<input type="text"/>			
Name and address of your usual Doctor, if different from above	<input type="text"/>			

Sickness Claim

What is the nature of sickness?

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	<input type="text"/>	Time am/pm	<input type="text"/>	Place	<input type="text"/>
How did the accident occur?	<input type="text"/>				
What are your injuries?	<input type="text"/>				

Accident Claim

(Continued)

Have you ever had a similar accident before?

Yes No

If **Yes**, give details

Accident Claim

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 he/she 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. But 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 he/she thinks you would be harmed by seeing it.

When asking your Doctor to complete the Medical Report overleaf please advise him/her 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 overleaf 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 the Company

Yes No Delete as applicable.

Doctor's Name

Doctor's Address

Insured Persons Signature

Date

Important – Please read the following carefully before signing

Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties, including any details of your directors, officers, partners and employees whose consent you must obtain to allow us to provide you with a quotation; deal with your policy; to search credit reference agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. By signing this form you consent to such information being processed by us. You must also ensure that you make this fact known to the Insured Persons and obtain their explicit prior consent to pass this information to us for these purposes. We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary. Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above. Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

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 and correct** 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 one that is likely to influence our consideration of cover under the terms 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 MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

Signature (required for all claims)

I declare the foregoing particulars to be correct to the best of my knowledge and belief.

Insured Persons 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

Allianz Insurance plc. Registered in England number 84638 Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is a member of the Association of British Insurers and the Financial Ombudsman Service. Allianz Insurance is authorised and regulated by the Financial Services Authority. Our registration number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234

www.allianz.co.uk