

**MIBCO Rugby Personal Accident Insurance Claim Form**

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

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**TO BE COMPLETED BY THE INSURED**

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a. Name of the Club [in full] \_\_\_\_\_

b. Name of the injured Person \_\_\_\_\_

c. Address in full \_\_\_\_\_

d. Profession or occupation \_\_\_\_\_

e. Age at last birthday \_\_\_\_\_

1.	(a) Date of the accident?  (b) Time of accident?  (c) Where it happened?  (d) Name and address of witness	
2.	How did the accident occur?	

3.	<p>(a) Member's Medical Policy Insurer</p> <p>(b) Member's Medical Policy Number</p> <p>(c) Is this injury excluded from member's medical policy?</p> <p>(d) Any other reason why this injury was excluded from member's medical policy?</p>	
4.	<p>Nature of injury received</p> <p>(If to limb or eye state whether right or left)</p>	
5.	<p>(a) Nature of disablement</p> <p>(b) Extent of disablement</p> <p style="padding-left: 40px;">Confined to bed</p> <p style="padding-left: 40px;">Confined to house</p> <p>(c) Present state of incapacity</p>	<p>[From _____ To _____]</p> <p>[From _____ To _____]</p>
6.	<p>Name and address of surgeon in attendance</p>	
7.	<p>Claims must be Supported by medical Evidence furnished by the Insured.</p>	

I hereby declare that the foregoing statements are made by myself are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation be forfeited.

Signature of the Insured \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_