

Policy Ref: ENGLAMATDANC

ENGLISH AMATEUR DANCESPORT ASSOCIATION LIMITED
PERSONAL ACCIDENT CLAIM FORM

This form to be completed on both sides and returned immediately

A) Claimant (Injured Person)

- 1. Name Date of Birth
- 2. Address
..... Tel No:
- 3. Usual Occupation
- 4. Presently Employed YES / NO

B) Date of Accident

C) Injury Sustained

D) State briefly how injury was caused, giving full details of activity being undertaken:-
.....
.....

E) Name & Address of any Witnesses

DATA PROTECTION ACT: All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.

Signature Date

Following to be completed Association Official

Name:

Address:

Position in Association:

Is Claimant a current Association Member YES / NO

Did Accident take place whilst participating in insured activity YES / NO

Do you confirm all above information is correct YES / NO

If any answers are stated as "No" please explain

Signature Date

Page 1 & 2 to be completed

HOSPITALISATION CERTIFICATE FORM (Hospitalisation Benefit amounts to £30 per day for up to 25 days)
TO BE COMPLETED BY THE CLAIMANTS HOSPITAL DOCTOR

Name of Patient

Nature of Injury

I, the undersigned hereby confirm that as a sole result of the accident on (date).....the above patient was an
Inpatient at (name of hospital).....

From (date & time).....

To (discharge date & time).....

Signed..... Qualification.....

Date Signed.....

DENTAL CLAIMS (Emergency Treatment only)

(£500 Limit, £50 Excess applies)

Nature of Injury sustained.....

Date of first dental appointment.....

PLEASE SUBMIT A FULLY DETAILED INVOICE FROM YOUR DENTIST GIVING PRECISE INFORMATION OF TREATMENT
RECEIVED.

BROKEN BONES (ARM: £100 OR LEG: £200)

TO BE COMPLETED BY THE CLAIMANT'S HOSPITAL DOCTOR

Nature of Injury

Name of Hospital

DOCTOR'S SIGNATURE

Qualifications

Date Signed.....

Claimant's Signature Date

Return completed form to Pat Fortin, EADA Membership Secretary, 3 Priory Road, Hassocks BN6 8PS