

**GOGAN INSURANCES LTD
PERSONAL ACCIDENT INSURANCE CLAIM FORM**

Certificate No _____ Period of Insurance _____

Name of Insured Person in full _____ Tel No _____

Address _____

Name of Assured Club/Centre _____ Tel No _____

Address _____

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

2. State how it happened and what the injured person was doing at the time (fullest particulars must be given)

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 _____

State the relationship to Insured Person _____

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 _____ State relationship to Insured Person _____

Witness _____ Date _____