

Skerries Harps GAA & Camogie

Claims Form

Player Details

Player Name: _____

Member Id: _____

DOB: _____

Telephone: _____

Email: _____

Home Address: _____

Select which Team you were on?

(Please circle your answer)

County: Yes / No

Dublin: Yes / No

Club: Yes / No

Skerries Harps: Yes / No

Employment Status

(Please circle your answer)

Student: Yes / No

Employed: Yes / No

Self Employed: Yes / No

Other: Yes / No

Please confirm status: _____

Occupation

Medical Insurance Provider

(Please circle your answer)

VHI: Yes / No

Layla: Yes / No

Irish Life: Yes / No

Aviva: Yes / No

None Yes / No

Other: _____

Medical Insurance Plan Name: _____

Incident Details: _____

Incident Date: ___ / ___ / ___ (DD/MMM/YYYY)

Activity where incident occurred

(Please circle your answer)

Training: Yes / No

Official Game: Yes / No

Challenge Game: Yes / No

Other: _____

Opposition County: _____

Opposition Club: _____

Injury Type

(Please circle your answer)

Ankle: Yes / No

Leg: Yes / No

Arm: Yes / No

Muscle: Yes / No

Other: _____

Injury Sub-type

Break: _____

Ligament: _____

(For these two just give fullest description of injury if you can)

Incident circumstances

Describe how injury happened: _____

Mouth guard worn? Yes / No (Please circle your answer)

Football Injury claims are not covered if the claimant was not wearing a Mouth Guard or Helmet!

Helmet Injury claims are not covered if the claimant was not wearing a Helmet or if the Helmet was modified!

Nature of Claim

(Please circle one or more of following if relevant)

Loss of wages: Yes / No

Medical expenses: Yes / No

Dental expenses: Yes / No

Supplementary Hospital Benefit: Yes / No

Other: _____
