

Please confirm the nature of the injuries you sustained:

Have you ever had this injury, or similar injury, in the past:

If Yes, when & please provide full details:

When did you first consult a Doctor?

Name & address of Doctor consulted:

Name & address of your usual family Doctor:

Please provide names and addresses of any witnesses.

If claiming Dental treatment:

Please provide written confirmation from a qualified dentist that the injury is as a direct result of the incident described above, along with original receipts for treatment

If claiming Hospitalisation:

Date admitted to hospital (please provide copy admissions form)

Name and address of hospital attended:

Date discharged (please provide copy discharge form):

If claiming Loss of Subscription:

Name and address of your Golf Club, where you are a member

Start date and renewal date of your Golf Club **(please provide written confirmation from the Golf Club)**

Club Membership number:

Claims cannot be settled until all treatment relating to the injury has been completed.

It is necessary that great care should be taken in the completion of this form and the information you give should be strictly accurate irrespective of whether it is in your favour.

Persons found to have lodged a fraudulent claim are liable for prosecution.

The issue and acceptance of this form does not constitute an admission of liability by Underwriters.

I/We declare that the above statement and facts are to the best of my/our knowledge true, and that I/We have not withheld from the Company any information within my/our knowledge connected with this claim.

Signature of
Claimant:

Dated:

Forward to: INSERVIS MVC s.r.o., Türkova 2319/5b, 149 00 Praha 4, fax +420 241 482 028, email mvc@inservis.com