

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:		Date:	
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Forward to: Woodgate & Clark Ltd
The Red House, King Street,
West Malling Kent ME19 6QT

WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 30 DAYS OF THE EVENT

Failure to do so may prejudice your claim

Consent for Release of Medical Records

OUR RED: SS/HZ/50-	
Full Name (including any former name):	
Date of Birth:	
Date of Accident:	
Address and Postcode (including former address if changed since accident)	
Contact Telephone Numbers:	Home:
	Work:
Hospitals Attended (if known please give Record Number on appointment card and name of Consultant attending):	
General Practitioners Name and Full Postal Address:	

- I consent to the disclosure of my complete Medical Records, X-rays and other scans to: **Woodgate & Clark Ltd The Red House, King Street West Malling Kent ME19 6QT**, and any medical adviser instructed on their behalf.

- I confirm that no litigation against the medical providers, their Servants or Agents is intended.

Signed:		Date:	
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This request is in accordance with the Data Protection Act 1998. We confirm that we are prepared to meet the access fee of £10.00, together with the appropriate photocopying and postal charges pursuant to this Act.

Forward to: Woodgate & Clark Ltd The Red House, King Street West Malling Kent ME19 6QT