

# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM

If you are not capable of work for more than 14 days as a result of an accident, complete and return this form with a medical certificate obtained from your doctor, to: **Allianz Claims, PO Box 10509, 51 Saffron Road, Wigston LE18 9FP**  
or email to **casualtyn@allianz.co.uk**

**REF NO** (Allianz use only)

[Redacted REF NO field]

## CLUB OR ASSOCIATION DETAILS

Name of Club or Association\* [Redacted]

Full name of parent Martial Arts Organisation [Redacted]

Policy number\* [Redacted]

Address [Redacted]

Telephone no: Home [Redacted] Work [Redacted]

\* please note these details are shown on your policy schedule

## INSURED PERSON DETAILS

Members' full name [Redacted]

Postal address [Redacted]

Occupation [Redacted] Date of Birth [Redacted]

Normal gross weekly wage [Redacted] Martial arts club or association membership/licence number [Redacted]

Martial arts club or association membership/license expiry date [Redacted]

Date first absent from work [Redacted] Are you totally disabled from working? Yes No

When does your doctor say you will be fit to resume work? [Redacted]

Name and address of the doctor who signed the medical certificate [Redacted]

Name and address of your usual doctor, if different from above [Redacted]



# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM CONTINUED

## ACCIDENT CLAIM

Date of accident  Time am/pm  Place

How did the accident occur?

What are your injuries?

Are you claiming under or being paid any benefit by any other insurance or sources in respect of this disablement?

Yes

No

If Yes, state name and address of insurer, policy number and benefits

## ACCESS TO MEDICAL REPORTS ACT 1988

Under the terms of this Act you have the following rights:

- To see any report your doctor is asked to provide for your Insurer before it is released.
- To have access to a medical report which has been supplied in the previous six months.
- To ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments.
- To withhold your consent, however, **we** may not be able to proceed in the absence of medical information.
- Your doctor can withhold from you the report, or part of it, if he/she thinks you would be harmed by seeing it.

When asking your doctor to complete the medical report overleaf please advise him/her how you wish to proceed.

## CONSENT TO OBTAIN A MEDICAL REPORT

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained above and in connection with my insurance claim I hereby consent to Allianz Insurance plc seeking medical information from any doctor who at any time has attended to me concerning anything which affects my physical or mental health and I agree that a copy of this consent shall have the validity of the original.

I wish to see the report before it is sent to Allianz

Yes

No

Doctor's name

Doctor's address

Insured persons signature

Date

# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM CONTINUED

## CHECKLIST

Please return to Allianz Claims, PO Box 10509, 51 Saffron Road, Wigston LE18 9FP or email to [casualtyn@allianz.co.uk](mailto:casualtyn@allianz.co.uk) as soon as possible with any medical certificates, hospital letters and any other documentation you hold relevant to this claim.

Please ensure

- you have fully completed every question **before** your doctor completes his or her statement
- you have enclosed all requested information and documentation
- you have signed this claim form
- your attending doctor fully completes the statement.

Please note failure to do so may result in delay in handling your claim.

## FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION

### 1 Who we are

When **we** refer to “**we**”, “**us**” and “**our**” in this notice it means Allianz Insurance plc or Allianz Engineering Inspection Services Limited.

When **we** say, “**individuals**” in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from us or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

### 2 How we use personal information

**We** use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information about **our** products and services if **we** have received specific consent.

There is no obligation to provide us with personal information, but **we** cannot provide **our** products and services without it.

**Anyone whose personal information we hold has the right to object to us using it.**

**They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.**

**Further details can be found below.**

### 3 Automated decision making, including profiling

**We** may use automated decision making, including profiling, to assess insurance risks and administer policies. This helps **us** decide whether to offer insurance, determine prices and validate claims.

Anyone subject to an automated decision has the right to object to it. To do so they should contact **us** by emailing **us** at [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk) and **we** will review the decision.

# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP

## PERSONAL ACCIDENT INSURANCE CLAIM FORM CONTINUED

### 4 The personal information we collect

**We** collect the following types of personal information so **we** can complete the activities in section 2, "How **we** use personal information"

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to the insurance policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to the insurance policy or claim
- criminal convictions if it is relevant to the insurance policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities such as goods and services offered.

### 5 Where we collect personal information

Direct from **individuals**, their representatives or information they have made public, for example, on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- insurance industry registers and databases used to detect and prevent insurance fraud, for example, the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide the services for **our** products
- other involved parties, for example, claimants or witnesses.

### 6 Sharing personal information

**We** may share personal information with:

- other companies within the global Allianz Group [www.allianz.com](http://www.allianz.com)
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example, the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example, vehicle repairers, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS); and other companies that provide services to **us** or you, for example, the Employers Liability Tracing Office (ELTO) and the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event that **we** wish to sell all or part of **our** business.

### 7 Transferring personal information outside the UK

**We** use servers located in the European Union (EU) to store personal information where it is protected by laws equivalent to those in the UK. **We** may transfer personal information to other members of the global Allianz Group to manage the insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCR's) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. For more information about BCR's, contact **our** Data Protection Officer. Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for personal information.

### 8 How long we keep personal information

**We** keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM CONTINUED

## 9 Know your rights

Any **individual** whose personal information **we** hold has the right to:

- object to **us** processing it. **We** will either agree to stop processing or explain why **we** are unable to (the right to object)
- ask for a copy of their personal information **we** hold, subject to certain exemptions (a data subject access request)
- ask **us** to update or correct their personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete their personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the processing of their personal information in certain circumstances (the right of restriction)
- ask for a copy of their personal information, so it can be used for their own purposes (the right to data portability)
- complain if they feel their personal information has been mishandled. **We** encourage **individuals** to come to **us** in the first instance but they are entitled to complain directly to the Information Commissioner's Office (ICO) [www.ico.org.uk](http://www.ico.org.uk)
- ask **us**, at any time, to stop processing their personal information, if the processing is based only on **individual** consent (the right to withdraw consent).

**If you wish to exercise any of these rights please contact our Customer Satisfaction Manager:**

Address: Customer Satisfaction Manager, Allianz, 57 Ladymead, Guildford, Surrey, GU1 1DB  
Email: [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk)  
Phone: 01483 552438

## 10 Allianz (UK) Group Data Protection Officer Contact details

Allianz Insurance plc and Allianz Engineering Inspection Services Limited are companies within the Allianz Holdings.

Any queries about how **we** use personal information should be addressed to **our** Data Protection Officer:

Address: Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB  
Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)  
Phone: 0330 102 1837

## Changes to our Fair Processing Notice

Occasionally it may be necessary to make changes to this fair processing notice. When that happens **we** will provide an updated version at the earliest opportunity. The most recent version will always be available on **our** website [www.allianz.co.uk](http://www.allianz.co.uk).

## Fraudulent and exaggerated claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to **our** questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, **you must disclose it**.

**Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.**

## Signature (required for all claims)

I declare the foregoing particulars to be correct to the best of my knowledge and belief:

Insured persons signature

Date

# MARTIALGUARD CLUBS AND ASSOCIATIONS GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM CONTINUED

This is to certify that

is suffering from

and will probably be unfit to resume work until

If disablement is only partial please state when resumption of full duties should be possible

Disablement from engaging in or attending to usual business or occupation commenced on

If a definite/estimated date of return to work can be given please complete the following

Total disablement from to Partial disablement from to

When did the patient first receive medical attention for this condition?

Has the patient ever suffered with this or any similar condition before the present episode?

Yes

No

If **Yes**, please give details including dates, treatments and consultations

On the basis of your existing knowledge and without undertaking any further examination, is it your opinion that the disablement indicated above is solely attributable to the specific illness or injury sustained?

Yes

No

If **No**, state other contributory factors and the extent to which disablement is thereby affected

Are you the patient's usual medical attendant?

Yes

No

Signature

Date

Qualifications

Address