



INJURY NOTIFICATION FORM

****All injuries must be notified to the designated person in the Club within 30 days. For insurance purposes any notification after 30 days will require a written explanation from the Club giving a reason for the delay. Please note that any claims notified more than 60 days from the date of injury will render a claim void.****

Name of Injured Player: _____

Team playing for: _____

Person reporting incident and position in Club? _____

Date of Accident ____/____/____ Location of Incident _____

Did the injury occur during a match (include fixture if applicable) or whilst training?

Details of Injury, and how it occurred

What injuries have been sustained and how did it happen? Please give full details

Insurance information:

Please note that if the player holds private health insurance he/she must submit a claim through the private health insurer first as the Clubchoice policy only covers irrecoverable expenses.

You will be required to give further information by the insurance company, including original receipts and invoices for medical expenses incurred (Photocopies will not be accepted); a medical certificate etc as supporting evidence.

Physiotherapy/Alternative treatment will only be considered where a referral letter from a medical practitioner has been obtained.

In a case where for any reason surgery is required, that is covered under the policy, the insurance company will require a pro-forma invoice from the hospital 4 weeks in advance stating the date of the surgery, the breakdown of the costs, and who to make the cheque payable to. (This is subject to the policy excess and policy limits under the medical expenses section of the policy.)

Excess limits apply depending on the nature of the injury

For emergency dental injuries an injured player must attend a dentist within 48 hours of incident; dental treatment is subject to an excess of €500.

For up to date terms and conditions please refer to the actual policy document.