

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary.

**In addition you should:**

1. telephone us or your insurance advisor if you need assistance.
2. retain all damaged items as we may wish to inspect them.
3. provide all documentation in support of your claim to include a statement from the treating doctor or consultant confirming the injury sustained. Where appropriate we may request signed authority for the release of medical records. Please note that you should not delay submitting this form in the event that you do not have the necessary documentation to hand.

Please return the completed form to the following address: **adjusters@hiscox.com**.

**1. Policy number**

**2. School details**

Name of school:

Address:

School contact person:

Telephone number:

Email address:

**3. Pupil details**

Full name:

Date of birth:

**4. Parent details**

Full name:

Correspondence address:

Telephone number:

Email address:

**5. Alternative contact**

Please provide the details of an alternative contact if this is not yourself. Please note this person must be authorised to discuss this matter on your behalf.

Full name:

Correspondence address:

Telephone number:

Email address:

**6. Circumstances of accident**

Date of accident:

Location of accident:

Brief circumstances of accident (continue on a separate sheet if necessary):

Details of accidental bodily injury sustained:

**7. Medical treatment**

Details of medical practitioner:

Details of hospital attended:

Date of admission:

**8. Claim details**

Date of first absence:

Date of return:

Length of continued absence (in full days) for which you are claiming reimbursement of school fee:

Fees payable per term for this pupil:

In the event that your claim is accepted and you would prefer us to pay funds.

Number of available tuition days in the term:

Where a pupil has been withdrawn, please advise the last date of attendance:

Please advise whether the place has now been filled and if not, what attempts have been made to secure an alternative fee paying pupil.

Yes  No

**9. Payment details**

In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below :

Payment to be made by: (please tick preference)

Direct transfer to the account below :

Name and address of bank:

Account name:

Sort code:

Cheque made payable to you:

**10. Data Protection Act**

By signing this claim form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**11. Declaration**

I declare that the details given on this form are true and complete to the best of my knowledge.

Name

Signature

Date

Name of insured:

Policy number:

For the purposes of processing your claim, it may be necessary for us to approach the present doctor, or any other doctor the deceased may have consulted, for the purpose of obtaining information relating to the medical history, a copy of the medical records and/or a medical report. We need your permission to do this. Please give your consent by signing this form. Please see below your legal rights concerning medical reports, which are set out in more detail overleaf:

1. you do not have to give your consent; but if you withhold it please bear in mind that we may be unable to process the claim.
2. you can see the medical report before the doctor sends it to us, or you can apply to the doctor during the six months after that.
3. you can ask the doctor to change any part of the report which you feel is wrong or misleading. If the doctor refuses, you can add your own comments to the report.
4. the doctor can refuse to show you the medical report, or part of it, if the doctor feels that you would be harmed by seeing it.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained overleaf, and, in connection with my current insurance claim, I consent to Hiscox obtaining medical information from any doctor who at any time has attended the deceased concerning anything which affects the deceased's physical or mental health and I agree that a copy of this consent shall have the validity of the original.

I do not wish to see the report before it is sent to Hiscox/I wish to see the report\*

\*(Delete as appropriate)

Signature

Date

## Access to medical reports – your rights

You should read this note carefully as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with medical reports.

Before we can apply for a medical report from a doctor that has been consulted, we need your consent as shown overleaf. You do not have to give your consent, but, if you do, you can insist on seeing the doctor's report before it is sent to our Chief Medical Officer. Please remember that if you do not give your consent, we may be unable to process the claim.

If you wish to see a medical report we will tell you at the same time as we write to the doctor and also tell the doctor that you wish to see it. You will then have twenty one days to contact the doctor and make arrangements to see the medical report. Of course, the quicker you do this the quicker we can process the claim.

Alternatively, you can ask the doctor to see the medical report for up to six months after it is sent to us. You can do this by applying to the appropriate doctor.

If you do not wish to see a medical report we can apply to the doctor without notifying you. But you can still write to the doctor and ask to see the medical report before it is sent to us, and you will then have 21 days in which to see the report.

Where at your request the doctor supplies you with a copy of the medical report, there is an entitlement to charge you a reasonable fee to cover the cost.

If you ask to see a medical report before it is sent to us, the doctor must get your consent to pass it onto us once you have seen it. If you feel that any part of the doctor's medical report is incorrect or misleading, you can write to the doctor and ask for the report to be changed.

If the doctor will not change the medical report, you can insist on having your own comments added in a separate statement which will be attached to that report.

The doctor can also refuse if showing you the medical report would disclose information given by or about another person (other than the deceased), apart from another doctor who has attended the deceased, who does not want their identity or the information revealed.



## Access to medical records consent form



In these cases, the doctor must notify you and you will then be able to see only the non-confidential parts of the medical report. If the whole report is affected, the doctor must not send the report to us unless you consent to this.