DDSL CLAIM FORM



To be completed by the injured parties parent/guardian and countersigned by an official

Membership Number :	Claim Reference: TBA
Name of Injured member:	Date of Birth:/
Contact Number: Email	Address:
Full Address:	
Please state affiliated club:	
	PPS Number:
Do you hold private health insurance or have any other policy in place to cover this claim	Yes No Medical cardholder: Yes No
Please give details including Insurer Name an	nd Plan Name:
Details of Accident Date of Accident / / Location of	Accidents
 = =	Accident:
now did it happen? Please give fundetails _	
Please give details of the fixture if applicable)
Have you suffered a similar injury inthe past	<u> </u>
	date of the injury and when you returned to sport
in yes, preuse give particulars molutaring the u	ate of the injury and when you retained to sport
<u>Doctor</u>	
Name and address of Doctor	
Is he/she your usual Doctor? Yes □ No	lo 🗆
•	statements and enclose original supporting documents as required
Signature of Official	Position:
Signature of Claimant	
Bank Details	
Name of Account Holder	
BIC	7
IBAN I I I I I I I I I I I I I I I I I I I	

The details above must represent a current account and will be the account we pay any settlement amounts to. By giving us your BIC and IBAN you authorise us to contact you via telephone when we have calculated your settlement offer to confirm that you are happy to waive your right to wait 10 business days to accept or reject the offer. We will then arrange for the funds to be transferred directly to your account via EFT.

MEDICAL CERTIFICATE. To be answered in <u>full</u> by a registered medical practitioner only (<u>not physiotherapist)</u> .		
Name of Patient:		
What date did the injury occur?//		
	nded in respect of this injury?	
How long has the Patient beentotally or partially disabled from engaging in or attending to any business as the result solely of the injuries?	Totally From//To// Partially From//To//	
How much longer do you consider such disablement will continue?	Totally From//To// Partially From//To//	
Has the Patient any disease or any physical d	lefect and if so of what nature?	
To what extent may recovery be affected by the	his?	
Are the injuries sustained as a result of a pre-	existing condition/injury? If so, please details;	
Qualifications		
Date/	Official Stamp:	

Please note, reduced policy limits will apply in respect of claims for physiotherapy treatment and emergency dental treatment – please refer to your insurance certificate for full details.

POLICY COVER

Bodily injury sustained by any registered member whilst engaged in playing, training or travelling affiliated with the DDSL

BENEFITS

Benefit	Cover
Death	€25,000
Permanent Disablement	€80,000
Medical Expenses	€10,000
Physio	€250
Emergency Dental	€500
Excess	€100

> Medical Expenses Key Points:

- Please note your private health insurer is the first port of call and this policy, only caters for Medical Expenses which are irrecoverable elsewhere. Cover is provided for limited Physiotherapy Expenses where there is a requirement for same pre or post-surgery.
- Cover for physiotherapy is only provided where referred by an attending approved Medical Practitioner/Physio.

> Principal Exclusions:

- All preexisting injuries are excluded.
- The first €100 in respect of incurred Medical Expenses.
- An accident proved to have occurred due to the influence of alcohol or drugs.

Please notify all incidents within 30 days

Checklist:

Please return this checklist with your claim form and any supporting documentation to: paclaims@lcsi.ie or post to Leeson Claims Services Ireland, 68 Merrion Square South,

Dublin 2

Contact: Elizabeth Brohoon - 01 4852988/01 4852980

Documents to enclose with your claim form:	
Fully completed claim form and medical certificate (form must be countersigned by an official). This will be returned to you if any field is left unanswered.	
Original receipts and invoices for medical expenses incurred. Photocopies will not be accepted. (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).	
Physiotherapy/Alternative treatment will only be considered where a referral letter from a medical practitioner has been obtained.	
For any surgery required that is covered under the policy, we 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.	