

# Personal Accident and Sickness Claim Form

Please complete the following sections and return to Cornish Mutual.

The settlement of a valid claim will be made on the basis of your Policy wording.

## 1. Your details

Please complete this section for all claims

**1.1** Your Member reference number or Policy number

\_\_\_\_\_

**1.2** Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Business or occupation \_\_\_\_\_

\_\_\_\_\_

**1.3** Name and address of your doctor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach to this claim form your doctor's certificate(s) (or a photocopy) for your accident or sickness, for which you are claiming under this Policy

**1.4** Have you previously claimed under this or any other Policy for Personal Accident or Sickness?

If 'Yes' please give details  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.5** Are you claiming, or entitled to claim, benefit from any other Insurer?

If 'Yes' please give details  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.6** Have you lost any time from work as a result of any injury, sickness or disease in the last 5 years?

If 'Yes' please give details  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.7** Do you have a diagnosed, long term, medical condition for which you take prescribed medication?

If 'Yes' please give details  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Accident

Please complete this section if your claim is for accidental injury, otherwise go to Section 3

**2.1** Date, time and place of accident

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

**2.2** Details of injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.3** State fully how the accident occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.4** Did the accident result from flying or other aerial activities, winter sports, racing (other than on foot), mountaineering requiring the use of ropes or the services of a guide, rock climbing, diving with the use of breathing apparatus or potholing?  
If 'Yes' please give details  Yes  No

---

---

---

---

---

**2.5** Date from which you were first unable to attend to your usual business or occupation

---

**2.6** Date you returned to work at your usual business or occupation (put 'continuing' if period of disablement has not yet ceased).

---

If you have any medical expenses resulting from the injury, or were hospitalised, please answer the following questions otherwise go to Section 4

**2.7** State the nature of the medical expenses and the total cost to date \_\_\_\_\_

---

---

---

---

If you were admitted to hospital as an in-patient please answer the following two questions

**2.8** State date and time of admittance to hospital

---

**2.9** State date and time of discharge from hospital

---

### 3. Sickness

Please complete this section if your claim is for sickness otherwise go to Section 4

**3.1** State when sickness first commenced

---

**3.2** State fully nature of sickness

---

---

---

---

**3.3** Date from which you were first unable to attend to your usual business or occupation

---

**3.4** Date from which you recommenced attending to your usual business or occupation (put 'continuing' if period of disablement has not yet ceased).

---

### 4. Additional Information box

Please add any additional information to support the claim here

**Don't forget to complete the details and declaration overleaf...**

**Continued from overleaf..**

## 5. Your declaration

---

I declare that the statements made are true to the best of my knowledge and belief.

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS) Ltd. The aim is to help insurers to check the information provided and also to prevent fraudulent claims. When you provide information about an incident which may or may not give rise to a claim, information relating to that incident may be passed to the register.

I understand that you may seek information from other insurers to check the answers I have provided are correct.

Signature of Policyholder \_\_\_\_\_

Date \_\_\_\_\_

**Please detach this form from the “how to complete this claim form” details and return it with any supporting paperwork to the Claims Department, Cornish Mutual, CMA House, Newham Road, Newham, Truro, TR1 2SU**



The Cornish Mutual Assurance Co Ltd  
Registered office: CMA House, Newham Road,  
Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)

Tel 01872 277151  
Fax 01872 263032  
Email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

This claim form is liable to alteration from time to time (January 2012 – cancelling all previous issues).  
To help us improve our service, calls to our office may be recorded and monitored

Authorised and Regulated by the Financial Services Authority. Registered in England No 78768

## How to complete this claim form

**Please read this section and keep it for your records.**

Before completing your claim form please take a moment to read through the information below.

It is important that you do not delay returning your claim form as failure to do so could adversely affect the claim process.

If you have any other information or documentation relevant to the incident please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your Policy number on all correspondence and/or Cornish Mutual's claim reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number or your Policy number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact the claims department Tel: **01872 277151**, Fax: **01872 263032** or email **claims@cornishmutual.co.uk** who will be happy to help you.

**Please read this section and the important information overleaf, detach and keep for your records.**

## How to return this claim form

When you have completed this claim form please attach any supporting information and send it to;

Claims Department,  
Cornish Mutual,  
CMA House,  
Newham Road,  
Newham,  
Truro, TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd  
Registered office: CMA House, Newham Road,  
Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)

Tel 01872 277151  
Fax 01872 263032  
Email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

This claim form is liable to alteration from time to time (January 2009 – cancelling all previous issues).  
To help us improve our service, calls to our office may be recorded and monitored

Authorised and regulated by the Financial Services Authority. Registered in England No 78768

# Our commitment to you

As a mutual organisation we are member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly, investigated promptly and that our customers are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim within five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please write to the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151** Fax: **01872 263032** or email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure we acknowledge receipt of your email and contact the claims department Tel: **01872 277151** or Fax: **01872 263032** if an acknowledgement is not received.

Please use this box to make notes for your own records

**Please detach this section and keep for your records**