

Cornish Mutual

Personal Accident and Sickness (Farmworkers) Claim Form

For office use only Ref no. _____

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 _____

2. Details of the employee who has suffered sickness or injury

2.1 Employee's full name

2.2 Employee's Date of birth dd/mm/yyyy

2.3 What Grade of Worker is this employee as defined by
the Agricultural Wages Act?

2.4 What type of worker is this employee e.g. regular
whole-time, flexible whole-time, flexible part-time,
regular part-time or other, as defined by the Agricultural
Wages Act?

2.5 How long had this employee worked for you
immediately prior to this period of absence?

2.6 What is the continuous length of service of this
employee? If there has been any break in service
please provide the dates

2.7 How many days per week does this employee
normally work for you?

2.8 What gross amount, before any deductions,
do you pay this employee per week?

£ _____

2.9 Was the employee on leave or holiday when injury or
illness occurred? Yes No
If 'Yes' on what date were they due to return to work?

2.10 Had any leave or holiday for this employee been agreed
by you for any of the period covered by their incapacity?
If so please provide the relevant dates

2.11 Did you have any other employees off work due to
illness or injury during the period of this employee's
period of incapacity?

2.12 Please state the amount of Statutory Sick Pay
which you have recovered, or anticipate recovering,
from the Government with respect to this employee's
period of absence

£ _____

2.13 To your knowledge is your employee pursuing, or
considering pursuing, a claim for 'damages' for their
sickness, or injury, against someone other than you?

3. Accident

Please complete this section if your claim is for accidental injury, otherwise go to Section 4

Please note that for a claim to be considered the accidental injury must have occurred in the course of your employee's work for you, or whilst travelling to or from his place of employment with you.

3.1 Date, time and place of accident
Date _____ Time _____

Place _____

3.2 Details of injury _____

3.3 State fully how the accident occurred _____

4. Sickness

Please complete this section if your claim is for sickness, otherwise go to Section 5

Please note that for a claim to be considered the sickness must not have occurred as a result of an injury outside of your employee's work environment with you.

4.1 State when sickness first commenced

4.2 State fully nature of sickness

4.3 State date from which your employee was first unable to work for you

5. Evidence of accident or sickness

Please complete this section for **all** claims.

5.1 Please provide your employee's doctor's certificate(s) (or a photocopy) for the accident or sickness for which you are claiming under this Policy

6. 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..

7. 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

Tel 01872 277151
Fax 01872 263032
Email 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

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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

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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

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