

# PUPILS' PERSONAL ACCIDENT INSURANCE SCHEME

## ACCIDENT REPORT FORM

This statement must be completed by the insured person if over 18, or by the parent or guardian if under 18, and returned as soon as possible to Marsh.

### SECTION A

Please complete in **BLOCK LETTERS**

#### PUPIL'S DETAILS

Forename(s):

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Surname:

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Date of birth:

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Name of School:

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School address:

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Post code:

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Contact name:

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Relationship to claimant  
under 18: (e.g. parent/  
guardian/ school acting in  
loco parentis)

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Home address:

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Post code:

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## CONTACT NUMBERS

Home telephone:

Mobile telephone:

Email address:

## SECTION B

Please complete in BLOCK LETTERS

### INCIDENT DETAILS

Date of accident:

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Please give full details of how the accident occurred:

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Where did the accident occur?

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Please give details of the nature of the injuries sustained:

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## SECTION C

Please complete in BLOCK LETTERS

### DOCTOR AND CONSULTANT DETAILS

Name of General Practitioner

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Address:

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Post code:

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Name of treating consultant/specialist:

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Hospital department:

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Hospital name and address:

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Post code:

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Telephone number:

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In order to assess any claim for permanent disability or loss of function under the pupils' personal accident scheme, you will need to give consent for insurers to have access to medical reports and give consent for a medical examination. You may be required to provide your consent to the same or additional parties from time to

time during the course of a claim. General practitioner records are requested in order to determine any relevant pre-existing conditions.

## **ACCESS TO MEDICAL REPORTS ACTS 1988 (TREATING DOCTORS AND SPECIALISTS)**

Before insurers can apply for a medical report from you or your treating doctor and/or specialist, your consent is required. Before signing in the space below you should know that you have certain rights under the "Access to Medical Reports Act 1988." These are set out as follows:

1. You may withhold your consent; however insurers may not be able to proceed in the absence of medical information.
2. You may see the report before it is sent to insurers within 21 days from the date of the report.
3. You may ask to see the report for up to six months after the report is completed.
4. You may ask the doctor to amend any part of the report which you consider to be incorrect or misleading. If the doctor/specialist is not in agreement you can still append your comments.
5. If you have been given access to the report before the report is supplied to insurers, the doctor/specialist shall not supply the report to Insurers until you notify the doctor/specialist that you consent to it being supplied.

NB. The doctor may withhold all or part of the report from you if they consider you may be harmed by seeing it.

## **CONSENT TO OBTAIN A MEDICAL REPORT**

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained above, and in connection with my insurance claim, I hereby consent to insurers being provided with a medical report relating to my physical or mental health, prepared by a medical practitioner who is or has been responsible for my clinical care. I agree that a copy of this consent shall have the validity of the original.

Signed:

(Parent/guardian if claimant under 18)

Date:

## APPLICATION TO SEE REPORT BEFORE IT IS SENT TO INSURERS

Under the Access to Medical Reports Act 1988 (see previous page) the patient or parent/guardian has the right to see a copy of the report before it is sent to insurers.

### I WISH TO SEE A COPY OF THE REPORT BEFORE IT IS SENT TO INSURERS

Yes:  No:

If you have ticked to see the report it would be helpful to advise or remind the doctor/specialist of this at the time of any examinations for the purpose of this claim.

Signed:

(Parent/guardian if claimant under 18)

Date:

In the event that you or your child does not have a treating doctor or specialist, or they are unable to prepare a medico- legal report it may be necessary for insurers to request an Independent Medical Examination.

Medical reports may be passed to the insurers' medical adviser who assesses the loss against the scale of benefits. Insurers will then advise the benefit due, if applicable.

## EXPRESS AND EXPLICIT CONSENT

Please note Marsh do not have settlement authority on this scheme.

Our role as brokers is to act on your or your child's behalf and represent you or your child throughout the claim.

Marsh will not forward or discuss medical reports or opinions with anyone other than insurers and their medical adviser. You now have the opportunity to elect whether you are happy for us to see and review a copy of your/your child's medical reports.

Please tick as appropriate:

I hereby agree to Marsh having access to medical reports and opinions prepared in connection with this claim and reviewing them, subject to the same terms & conditions as insurers' rights. I understand that I can withdraw this consent at any time and will notify Marsh immediately.

I do not wish Marsh to see and review medical reports and opinions prepared in relation to this claim under the pupils'/staff personal accident scheme.

Signed:

(Parent/guardian if claimant under 16)

Date:

## CONFIRMATION FROM THE SCHOOL

(Confirmation that the pupil in question was on cover at the time of the accident)

Name of school:

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Name of pupil:

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Name of school official:

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Signature of school official:

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Date:

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## YOUR INFORMATION

To administer the scheme, we need to collect and use personal data about you, such as your name and contact details, which may include special categories of personal data (e.g. about your health). The purposes for which we use personal data may include arranging insurance cover, claims and for crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at [www.marsh.co.uk/privacy](http://www.marsh.co.uk/privacy) or in hard copy on request by emailing or writing to the Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or [dataprotection@marsh.com](mailto:dataprotection@marsh.com).

In administering the scheme, we may share personal data you provide with third parties such as insurers, reinsurers, loss adjusters, subcontractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

Depending on the circumstances, our use of personal data may involve a transfer of data to countries outside the UK and the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.

In completing the form, you are providing health information which falls within a special category of personal data. Your consent to our (and other insurance market participants') use of special categories of personal data (e.g. health information) is necessary for us to administer the scheme. Although you may withdraw your consent at any time, if you do we may be unable to continue to provide services in relation to the scheme and this may mean that we are unable to process your enquiry or claim or your insurance cover will stop.

Where you are providing us with information about a person other than yourself (including any children over the age of 13), you agree to notify them of our use of their personal data and obtain their consent to our use of any special categories of personal data such as health information. You agree that participation in the scheme is conditional on you providing such notices and obtaining such consents. Any third party whose personal data we use may withdraw any such consent at any time but if consent is withdrawn then we may be unable to continue to provide services in relation to the scheme to them (and possibly you), and this may mean that we are unable to process enquiries or claims or that the relevant insurance cover will stop.

By signing and returning this form, you consent to our processing your sensitive personal data for the above purposes.

Signed:

(Parent/guardian if claimant under 18)

Date:



**Chartered**

The information contained herein is based on sources we believe reliable and should be understood to be general risk management and insurance information only. The information is not intended to be taken as advice with respect to any individual situation and cannot be relied upon as such.

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