

# Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



## **ACCIDENT FUND CLAIM FORM**

ALL SECTIONS OF THE FORM ARE TO BE COMPLETED TO THE BEST KNOWLEDGE OF THE CLAIMANT.  
THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS WHERE POSSIBLE.

**NB: PERMISSION MUST BE SOUGHT FROM THE ACCIDENT FUND CO-ORDINATOR FOR ANY PRIVATE TREATMENT REQUIRED.**

### **SECTION A**

Name (As per registration)

Claim number (if known)

Date of Birth

Address

Telephone Number

Mobile Number

Club/Institution Registered with

County of Club/Institution

Employed

Self Employed

Unemployed

County of Club/Institution

PPS

Medical Card Number

Are you covered under any of the following V.H.I./Bupa/Other

**NB: THE ACCIDENT FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY.**

Date and time of accident

Preliminary claim form must have been submitted if injury occurred over two months ago or if claim exceeds €200.00.

Description of accident and nature of injury sustained

Have you submitted any previous claim form(s) regarding this injury

If yes, state claim numbers

**SECTION B**

Name of Doctor/Dentist/Physiotherapist who attended the application

Telephone Number

If more than one person treated the injury, please state names on a separate page.

Address

Date injured person first attended

Name of treatment administered

If more than one person treated the injury, please state details of treatment on a separate page.

**SECTION C**

To be completed if claiming loss of wages (Please enclose last 4 payslips & doctors certificate)

Employer's Name/Company

Telephone Number

Address

Were you disabled by your injury, unfit to attend work and unable to earn an income?

Dates when absent from work

Amount of Benefit paid to you by Department of Social Welfare?

(Please enclose letter stating amount paid to you)

Were you paid by your Employer while injured?

Had you income from any other source while injured?

**SECTION D**

TO BE COMPLETED BY EMPLOYER

Gross Weekly Wage

Nett Weekly Wage

Date Missing

Date Returned

I declare that the above was/not paid by me while injured during the dates stated above.

Employer's Registration No.

Signed:

Employer's Stamp

**SECTION E**

Give details of Expenses incurred as a result of your injury.

Loss of Wages

Doctor

Hospital

Physiotherapy

Medication

Dentist

Other

TOTAL

Checklist: Have you included all Original Receipts?

Are all parts of the Form completed?

Has the form been signed by:

(a) Person injured \_\_\_\_\_

(b) Person in charge of team \_\_\_\_\_

(c) Club Secretary \_\_\_\_\_

(d) County Secretary \_\_\_\_\_

Have you included your four previous payslips if claiming loss of wages? \_\_\_\_\_

Has your Employer completed the appropriate section? \_\_\_\_\_

Have you included a letter from Dept. of Social Community & Family Affairs, stating amount of benefit paid? \_\_\_

Have you included a letter from the appropriate Secretary

If the injury occurred during a challenge match? \_\_\_\_\_

I declare that the above particulars are true to the best of my knowledge, I am a registered member of the Association and give permission to Central Council of Cumann Peil na mBan or their representatives to make any enquiries that they deem necessary.

Injured Person's Signature:

Date:

I declare that the above sustained this injury in a team training session/match under my supervision.

Team Trainer's Signature:

Date:

I declare that the above is a registered member of our club and sustained this injury while partaking in the activities of Cumann Peil Gael na mBan.

Club Secretary's Signature:

Date:

I declare that the above details have been furnished to me by a club taking part in the official activities of Cumann Peil Gael na mBan

County Secretary's Signature:

Date:

**SECTION F**

**FOR OFFICIAL USE ONLY**

Has the form been completed properly? Yes

No

Are all original receipts enclosed? Yes

No

Details of forms already forwarded (re: injury)

Amount Paid:

If refused, state reasons:

Date registered:

Cheque Number:

Details of contact with club/player

Signed:

Date: