Leinster Senior League

Client Key: 53454
Date: 02/08/2019

Dear Sirs

Policy Type: Leinster Senior League - Personal Accident
Claimant Name:
Claim Number:
Insurer: Aviva Soccer Scheme

Further to your recent advices, we are sorry to hear of your injury and we wish you a complete and speedy recovery. With regard to a possible claim under the above policy, kindly complete and return the enclosed claim form as soon as possible.

If the claim is for medical expenses please forward all relevant original receipts and corresponding invoices as proof of payment. In the event that any private medical insurance or the Social Welfare have paid or are paying part of the claim, we will require a Benefit Statement letter stating the exact amounts claimed and benefit paid. We will then either issue a payment via EFT or obtain a cheque for the balance, subject to policy excess and policy limits. Medical expenses incurred up to 12 months from the date of the first expense can be claimed for under this policy.

If the player intends to claim for loss of earnings, please refer to the checklist on the last page of this claim form for the required documentation in order to proceed with settlement. **Please note that a claim will not be considered unless the appropriate documents are received.**

Please note that if the period of absence from work persists beyond 2 months, Insurers reserve the right to request a medical examination with a Doctor of their choice.

For all claims we will also require confirmation of the player's registration from the relevant league, a letter from the League secretary, signed and dated, will suffice.

In the event that the claim has been notified to O'Driscoll O'Neil more than 10 days after the date of injury, we will require an explanation in writing as to the reason for the delay in notification. Insurers may reserve their right to deal with any claims that are notified outside this time frame.

Please quote your claim reference in all correspondence.

Kathryn Reddy

Email: kreddy@odon.com
Phone: 016395874

LSL CLAIM FORM

To be completed by the injured player and countersigned by a Club official

AVIVA

Insured Club: **Claim Reference:**

Name of Injured Player: Conor Lennox **Date of Birth:** ____/____/____

Contact Number: **Email Address:**

Full Address:

Please state which team you were playing for:

Is this team an adult or youth team?

Which league(s) are you registered with?

Precise Occupation: **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 and Plan Name:

Details of Accident

Date of Accident____/____/____ **Location of Accident** _____

How did it happen? Please give full details _____

_____

Did the injury occur during a match or whilst training? _____

Please give details of the fixture if applicable _____

Name & Number/Email of Witness _____

Details of Injury

What injuries have you sustained? _____

Have you suffered a similar injury in the past? Yes ☐ No ☐

If yes, please give particulars including the date of the injury and when you returned to sport _____

_____

Doctor

Name and address of Doctor _____

Is he/she your usual Doctor? Yes ☐ No ☐

I warrant the truth of the foregoing statements and enclose original supporting documents as required

Signature of Club Official _____ **Position in Club**_____

Signature of Claimant _____ **Date** ____/____/____

Bank Details

Name of Account Holder _____

BIC																					
IBAN																					

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 email 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 full by a registered medical practitioner/physiotherapist

Name of Patient: _____

What injuries has the Patient sustained? _____

_____

What date did the injury occur? ____/____/____

What course of treatment has been recommended in respect of this injury? _____

_____

_____

When were you first consulted about the above injury? ____/____/____

How long has the Patient been totally 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 defect and if so of what nature?

To what extent may recovery be affected by this?

Are the injuries sustained as a result of a pre-existing condition/injury? If so, please detail

---

Qualifications _____ Signature _____

Address _____

_____

Date ____/____/____ Official Stamp:

I hereby authorise this form to be returned directly to O'Driscoll O'Neil by the above signatory

Authorised by _____

Claimants Signature

Personal Accident Summary of Cover

Policy Number	551910272	Policy Type:	Personal Accident Cover
Operative Dates of Cover	From: 12/07/2019 To: 11/07/2020		

Benefit	Sum Insured
1. Death	€75,000, decreased to €25,000 for anyone under the age of 18
2. Permanent Total Disablement	€100,000
3. Permanent Partial Disablement	Up to €100,000 as per the scale of benefits in your policy wording
4. Temporary Total Disablement	Up to €400 per week to a maximum of 75% of your net weekly earnings including all other sources of income
Maximum Benefit Period	182 days
Deferment Period	21 days
5. Incurred Medical Expenses	€6,500
6. Accidental Damage to Teeth up to	€500
7. Optical Injury up to	€300
8. Facial Scarring & Disfigurement up to	€1000
Excess	€150 each and every claim

These benefits are subject to the terms, exceptions and conditions of the main policy wording which is available through the LSL and which you have previously received.

Where someone believes that they may require medical attention as a result of an accidental injury, the insured person should attend A&E and/or General Practitioner in an emergency situation or attend one of the panel of Physiotherapists within 10 days of the incident.

In the event that the panel physiotherapist believes further investigation is required, the insured person will be referred to Dr. Alan Byrne, Beacon Hospital for review.

Please quote Leinster Senior League when arranging an assessment when you contact the physio and bring your LSL membership number with you. (This number was on an email you received when you joined the group on Clubforce)

You will pay the €30.00 to the physio for the assessment, and they will determine what you should do next. This payment to physotherapist is not covered under your policy.

When the assessment is complete contact us at lslclaims@odon.com and we will arrange a claim form and advise on further action.

If the physio recommends a visit to the Beacon your appointment will be made by the physio and the Beacon will confirm the appointment with you. You must pay the first €150 (This is the excess on the policy) to the Beacon and all other charges (MRI, Operation etc) up to €6,500.00 will be covered under the policy.

Remember to get a referral letter from A&E for Dr Alan Byrne at the Beacon. Just let them know, that is where you are covered for specialist treatment.

Please note: Maxium cover for physiotherapy is to a maximum limit of €300.00.

When attending the Beacon Hospital all players must bring the relevant claim form. Do not arrive without this form or you will be turned away.

Contact O'Driscoll O'Neil at lslclaims@odon.com before your appointment so we can issue you with the claim form.

Checklist:

Please return this checklist with your claim form and any supporting documentation to:

O'Driscoll O'Neil DAC
17 Herbert Place
Dublin 2

Documents to enclose with your claim form:	Tick
Fully completed claim form and medical certificate (form must be countersigned by club official). This will be returned to you if any field is left unanswered.	
Declaration from the Secretary of the League of the player's registration status.	
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 LSL policy only covers irrecoverable expenses).	
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.	
Six payslips for the six-week period immediately prior to the date of the injury (loss of earnings claims only)	
If you are self- employed, a letter from your accountant or company headed paper will be required to confirm your net weekly earnings for the same 6 week period.	
Confirmation from Dept of Social Welfare of entitlement to receive illness benefit. We will require all original social welfare slips in order to make payments. (loss of earnings claims only).	
Original Doctors Certificates are required signing the claimant out from work as a result of their injury (loss of earnings claims only). The final cert must confirm the claimant is fit to return to work & sport.	
Letter from employer on official company headed paper confirming the following (loss of earnings claims only): • Entitlement to receive sick pay and the net weekly amount payable • Start date of employment with company • Confirmation that claimant is still in full-time gainful employment with company • End date of employment if no longer employed by the company	
Copy of most recent P60 (PLEASE DO NOT SEND THE ORIGINAL) (loss of earnings claims only).	