



Please confirm the nature of the injuries you sustained:	
Have you ever had this injury, or similar injury, in the past:	
If Yes, when & please provide full details:	
When did you first consult a Doctor?	
Name & address of Doctor consulted:	
Name & address of your usual family Doctor:	
Please provide names and addresses of any witnesses.	

**If claiming Dental treatment:**

Please provide written confirmation from a qualified dentist that the injury is as a direct result of the incident described above, along with original receipts for treatment

**If claiming Hospitalisation:**

Date admitted to hospital (please provide copy admissions form)	
Name and address of hospital attended:	
Date discharged (please provide copy discharge form):	

**If claiming Loss of Subscription:**

Name and address of your Golf Club, where you are a member	
Start date and renewal date of your Golf Club (please provide written confirmation from the Golf Club)	
Club Membership number:	

**Claims cannot be settled until all treatment relating to the injury has been completed.**

**It is necessary that great care should be taken in the completion of this form and the information you give should be strictly accurate irrespective of whether it is in your favour.**

**Persons found to have lodged a fraudulent claim are liable for prosecution.**

The issue and acceptance of this form does not constitute an admission of liability by Underwriters.

I/We declare that the above statement and facts are to the best of my/our knowledge true, and that I/We have not withheld from the Company any information within my/our knowledge connected with this claim.

<b>Signature of Claimant:</b>		<b>Date:</b>	
-------------------------------	--	--------------	--

Forward to: Woodgate & Clark Ltd  
42 Kings Hill Avenue, Kings Hill,  
West Malling Kent ME19 4AJ

**WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 30 DAYS OF THE EVENT**

Failure to do so may prejudice your claim

## Consent for Release of Medical Records

OUR RED: SS/HZ/50-	
Full Name (including any former name):	
Date of Birth:	
Date of Accident:	
Address and Postcode (including former address if changed since accident)	
Contact Telephone Numbers:	Home:
	Work:
Hospitals Attended (if known please give Record Number on appointment card and name of Consultant attending):	
General Practitioners Name and Full Postal Address:	

- I consent to the disclosure of my complete Medical Records, X-rays and other scans to: **Woodgate & Clark Ltd The Red House, 42 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AJ**, and any medical adviser instructed on their behalf.
  
- I confirm that no litigation against the medical providers, their Servants or Agents is intended.

<b>Signed:</b>		<b>Date:</b>	
----------------	--	--------------	--

**This request is in accordance with the Data Protection Act 1998. We confirm that we are prepared to meet the access fee of £10.00, together with the appropriate photocopying and postal charges pursuant to this Act.**

**Forward to: Woodgate & Clark Ltd 42 Kings Hill Avenue, Kings Hill,  
West Malling Kent ME19 4AJ**