

THE DEVON AND EXETER FOOTBALL LEAGUE INSURANCE

PERSONAL ACCIDENT CLAIM FORM



PART 1. To be completed by the member claiming benefit and returned to the Club Secretary

NAME (in full)

ADDRESS

OCCUPATION AGE

NAME AND ADDRESS OF EMPLOYERS

Table with 2 columns: Question and Answer options (a-e). Contains 6 numbered questions regarding accident details, injuries, and medical certificates.

I hereby declare that all the above statements and particulars are true and complete.

Date..... Signature

PART 2. To be completed by the Club Secretary and RETURNED TO:

League Insurance Secretary, Mr. C. Painter, 67 Fox Road, EXETER, EX4 8NB, Tel: 01392 669309, Mob: 07980 937419

I CERTIFY that the above-named member sustained injury in the circumstances detailed above while playing for this Club in a match against Club

Date Signed

Secretary of Club

Address

Telephone No.