

Important information relating to the accident

Were you under the influence of alcohol at the time of the accident? Yes No

If YES, please confirm the units of alcohol consumed:

Were you under the influence of drugs (including prescribed medication) at the time of the accident? Yes No

If YES, please confirm the name of the drugs taken:

.....

Prior to the accident, when did you last consume any alcohol? Date: Time:

How many units of alcohol did you consume?.....

Prior to the accident, when did you last take any drugs (including prescribed medication)?

Date: Time:

What were the names of the drugs taken?.....

.....

Accident reports

Please provide the names and contact details of all officials (including police) to whom the accident was reported:

.....

.....

.....

.....

.....

.....

.....

Witness

Please provide full contact details of any witnesses:

.....

.....

.....

.....

.....

.....

Other parties

Please provide full details of any other parties involved in the accident or who may have contributed to the accident:

.....

.....

.....

.....

.....

.....

Injuries

Please describe your injuries:

.....
.....
.....
.....

Previous incidents

Have you ever suffered from any similar injuries or been involved in any other accidents in the past? Yes No

If YES, please provide full details of the accident circumstances, including dates and the contact details of the physician(s) who treated you:

.....
.....
.....
.....

Declaration and consent

I hereby declare that, to the best of my knowledge, all information provided in this form is accurate and complete. I hereby authorise any physician, doctor of medicine, hospital or other person who has attended or examined me, to furnish to William Russell Limited or to their authorised representative any and all information with respect to sickness or injury, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records relating to me (or to the claimant if I am the claimant's parent or legal guardian).

I accept that my personal details may be passed to selected third parties, such as cost agents and administrators, for the sole purpose of assisting with the administration of my claim.

I hereby give William Russell Limited authorisation to correspond with me by email regarding my claim. I understand that these emails may contain reference to my medical condition(s) and financial payment information.

Name of claimant*:

Signature of claimant*: **Date:**

*This should be completed by the claimant's parent or guardian if the claimant is a child under 16 years of age, or by the claimant's next of kin if the claimant is unable to provide properly informed consent due to cognitive disability, or if the claimant is deceased. Please state your relationship to the claimant and your contact information.

The Global Health plans are insured by Allianz Benelux N.V., an EEA insurer registered in the Netherlands.

The Global Travel plans and Global Personal Accident plans are insured by SHUS Insurance PCC Limited – Cell SHUS, a Guernsey-based Protected Cell Company registered under the Companies (Guernsey) Law 2008.

William Russell Limited is the administrator of the Global Health plan range, and is authorised and regulated by the Financial Conduct Authority, registration number 309314.

William Russell Ltd.
William Russell House,
The Square, Lightwater,
Surrey, GU18 5SS, UK

T: +44 1276 486460

F: +44 1276 486476

E: claims@william-russell.com