

**Please complete the following questions, sign and return to:**

Millstream Underwriting Claims,  
308 -314 London Road, Hadleigh, Essex SS7 2DD

Policy Number: \_\_\_\_\_ Group Policyholder: \_\_\_\_\_

**Insured Person details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Occupation (Detail your daily duties in connection with your occupation); \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Insured Person/Claimant; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Claimant Details (if different to the above):**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Occupation (Detail your daily duties in connection with your occupation); \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Claimant; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**IMPORTANT: Should your claims be for Temporary Total Disability, please provide proof of earnings for the past 12 months (e.g. Tax returns, wage slips, audited accounts)**

# Personal Injury/Illness Claim Form



## Details of the Accident;

Date the Accident occurred: \_\_\_\_\_ Approx. Time \_\_\_\_\_

Duration off work: From: \_\_\_\_\_ to: \_\_\_\_\_

Details of the circumstances: \_\_\_\_\_

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## Details of the Illness;

Have you ever suffered from this illness before: \_\_\_\_\_

Duration off work: From: \_\_\_\_\_ to: \_\_\_\_\_

Details of the Illness: \_\_\_\_\_

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**Access to Medical Reports Act 1988, Your Rights;**

- I. You have the right to request to see the report before it is issued to the applicant
- II. You have the right to withhold your consent to an application for a medical report from your doctor or specialist medical advisor however, we may not be able to proceed with the claim with the absents of a report.
- III. You have up to 6 months to request a medical report after it has been issued should you request one
- IV. You have the right to request changes to the report which must be in writing to your doctor.

**I consent to Millstream Underwriting Ltd or their appointed agents to request a medical report from my general practitioner or appointed medical advisor**

I do **not** wish to see the report before it is sent to the company

I wish to see the report before it is sent to the company

**Medical Practitioners Details;**

Name; \_\_\_\_\_

Address; \_\_\_\_\_

Post Code; \_\_\_\_\_

**Data Protection ACT 1988**

The information provided by or on behalf of the claimant in respect of the injury or illness will be used by us or our service providers for the purpose of claims management and process purposes only. It may also be used for the purposes of fraud prevention including passing details to the authorities and other insurers. We may monitor and/or record data and communication sent to or made with us for the purposes of customer services and claims management. Data will only be kept for as long as it is appropriate.

**Declaration**

I declare that the above statements are true to the best of my knowledge and belief;

Signature (claimant); \_\_\_\_\_

Full Name (BLACK CAPITALS); \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_



