

Personal Accident cover offers a lump sum payment in the event of an injury whilst participating as a BSUK Licenced Coach in an activity recognised by BaseballSoftballUK.

**You can claim from this 'no fault' policy if you fit into the following categories:**

- ◆ You have a valid BSUK coach licence and are aged between 3 and 80 years
- ◆ Your injury occurred whilst participating in an authorised and recognised activity of BaseballSoftballUK
- ◆ Your injury is one noted on the below table of benefits

**Please check that your injury is listed in the below table, if it is not, you cannot claim for it under this policy.**

	Benefit Description	Benefit Amount	Scale of Benefits	
<b>Accidental bodily injury resulting in:</b>	1. <b>Death</b>	£10,000	A. Loss of sight in both eyes	100%
	2. <b>Permanent total disablement *</b>	£50,000	B. Loss of speech	100%
	3. <b>Permanent disabling injuries *</b>	£50,000	C. Loss of hearing in both ears	100%
	Temporary total disablement Benefit period: 104 weeks Deferment period: 7 days	Not insured	D. Loss of more than one limb	100%
	4. <b>Dental injury *</b>	Up to £500	E. Loss of one limb	100%
	5. <b>Hospital confinement</b> Benefit period: Maximum any one accident	£30 per day 25 days £750	F. Loss of sight in one eye	100%
	6. <b>Convalescence</b>	£100	G. Loss of hearing in one ear	20%
	7. <b>Broken bones **</b> Arm, wrist or hand: Leg, ankle or foot: Maximum any one accident	£100 £200 £500	H. Loss of or total loss of use of:  i. a foot below the level of the ankle (talo-tibial joint)	50%
			ii. a hip, knee, ankle or thumb	20%
			iii. a forefinger or big toe	15%
		iv. any other finger	10%	
		v. any other toe	5%	
		I. Loss of use of:		
		i. the back or spine below the neck with no damage to the spinal cord	40%	
		ii. the neck or cervical spine with no damage to the spinal cord	30%	
		iii. a shoulder, elbow or wrist	25%	

\* The benefit amount shall be reduced by 50% in respect of insured persons aged 70 years or over

\*\* The benefit amount and the maximum amount payable shall reduce by 50% in respect of insured persons aged 65 years or over

Benefit shall not be payable under more than one of benefits 1 to 3 to one insured person in respect of any one accident.

**If you can satisfy the above criteria please complete the following sections of the claim form and send to:**

BaseballSoftballUK  
Ariel House  
74a Charlotte Street  
London  
W1T 4QJ

Or email a scanned/electronic copy to [insurance@bsuk.com](mailto:insurance@bsuk.com).



# BaseballSoftballUK

## Personal Accident Claim Form

### Details of person completing the form (if different from the claimant)

Name		Telephone No:	
Address			
Email Address			

### Claimant (Injured Person) Details – BSUK Licenced Coach

Name		Date of Birth	
Address			
Email Address		Telephone No:	
Usual Occupation		Presently Employed	YES / NO
Date of Accident			
Brief description of activity being undertaken			
Injury Sustained			
State how injury was caused			
Name & Address of any witnesses			

DATA PROTECTION ACT: All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.

Signature .....

Date .....

### Personal Accident Claim Form

♦ **The following section is to be completed by a BSUK official**

Your Name:			
Email Address		Telephone No:	
Position:			
Is Claimant a current Licenced Coach:	Yes / No		
Did Accident take place whilst participating in insured activity:	Yes / No		
Do you confirm all above information is correct:	Yes / No		
If any answers are stated as "No" please explain:			
Signature:		Date:	

### Dental Claims

- ♦ **Complete this section if you are claiming for emergency dental costs**
- ♦ **Please note this policy covers emergency dental costs only**
- ♦ **A £50 excess applies to all dental claims**

Nature Of Injury Sustained			
Date Of First Dental Appointment			

**Please submit a fully detailed invoice from your dentist giving precise information of the treatment received.**



# BaseballSoftballUK Personal Accident Claim Form

## Hospitalisation Claims

- ♦ Complete this section if claiming Hospitalisation Benefit.
- ♦ This section of the form must be completed by the claimants hospital doctor

Name of Patient	
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Nature of Injury	
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I, the undersigned hereby confirm that as a sole result of the accident on (date).....the above patient was an

Inpatient at (name of hospital).....

From (date & time).....

To (discharge date & time).....

Signed		Qualification	
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Date		Signed	
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## Broken Bones Clams

- ♦ Arm or Leg only (see Benefits Table for definition of bones covered)
- ♦ To be completed by the claimant's hospital doctor

Nature of Injury	
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Name of Hospital	
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Doctor's Signature	
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Qualifications		Date Signed	
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Claimant's Signature		Date	
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