



Camogie Player Injury Insurance Scheme  
Coyle Hamilton Willis Limited, Grand Mill Quay, Barrow St, Dublin 4 are the appointed Administrators  
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## CAMÓGIE PLAYERS INJURY INSURANCE SCHEME CLAIM FORM

Claim No. \_\_\_\_\_

To be submitted to Coyle Hamilton Willis within 30 days of injury

### HOW TO COMPLETE THIS FORM

DENTAL / MEDICAL EXPENSES - SECTIONS A, B, F and G

LOSS OF WAGES (Temporary Total Disablement) EMPLOYED - SECTIONS A, B, D, E, F AND G

LOSS OF WAGES (Temporary Total Disablement) SELF EMPLOYED - SECTIONS A, B, C, E, F AND G

### Section A. TO BE COMPLETED IN ALL CASES. PLEASE USE BLOCK LETTERS

Claimant/Injured Person

Name of Club

Full Address of Claimant

  
  

Full Address of Club

  
  

Date of Birth

Grade of Team (e.g. Senior, U18 etc.)

Contact Number

Match official / trainer (please specify)

Employment Status (tick as appropriate)

Student

Employed

Self Employed

Not in Employment

Occupation (if applicable)

### Medical Insurance Details

NHS?  Yes  No

Other Insurance?  Yes  No

Other Insurance please specify below.

  

The Camogie Players Injury Insurance Scheme only provides cover for non-recoverable costs up to the limit of the scheme. Therefore please provide a statement of account from your Medical Insurance Provider

**Nature of Possible Claim (tick as appropriate)**

Loss of Wages (Temporary Total Disablement)

- Applicable to all Insured Persons over 18 years who are in full time employment working a minimum of 16 hours per week and is only payable if you are unable to work due to injury received in the course of playing/training Camogie.
- This Benefit shall pay for otherwise unrecoverable loss of basic nett wage excluding overtime, bonuses and unsociable working hours and shall be payable for 28 weeks **excluding** the first two weeks.
- Social Welfare shall be considered as recoverable income and will be deducted from the basic nett wage figure.
- Benefit is payable for each complete week (7 consecutive days) and no Benefit shall be payable for partial weeks.
- The maximum benefit payable is as follows  
Weeks 1 to 2—£Nil.  
Weeks 3 to 28 —up to £500
- Special Condition Applying to Benefit 6 Loss of Wages (Temporary Total Disablement)

In respect of all Insured Persons over 18 years who are not in full time employment Benefit 6 shall be reduced to £200 for each complete week the insured person is unable to carry out normal domestic duties as confirmed by a doctor's certificate.

Medical /Physiotherapy Expenses

- Non recoverable medical expenses up to a limit of £5000 **excluding** the first £75 for each and every claim
- Physiotherapy only claims where there is no other medical expense is subject to an **excess of 10%** of the cost of the prescribed treatment.

Dental Expenses

Non-recoverable dental expenses up to a limit of £5000, excluding the first £75 for each and every claim

Permanent Disability

- Death £100,000 Adult,  
£20,000 Youth (under 18 years)
- Lifetime Total Disability £100,000
- Loss of Two or more limbs or both eyes or one of each £100,000
- Loss of one limb or eye £100,000
- Permanent Specific Disablement £100,000 (or according to the Scale of Benefits)  
(As defined in the Policy Document)

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**The above is purely a summary of benefits payable for assistance when completing this claim form.  
ALL BENEFITS WILL BE HALVED IN THE EVENT THAT PROTECTIVE HEAD GEAR IS NOT WORN.**

**Section B. TO BE COMPLETED IN ALL CASES**

Date of Injury  /

Nature of Injury

Where did the injury occur? Camógie training  Challenge match   
Official match  Other (please specify)

Were you wearing protective headgear at the time? Yes  No

Brief Details of Circumstances

**Section C. LOSS OF WAGES CERTIFICATION - FOR COMPLETION BY SELF EMPLOYED CLAIMANT**

Name of Company

Address

Business Description

Nature of Employment

Amount of average weekly nett income £

Weekly nett wage paid to substitute worker(s) (if any) £

Reason for loss of income

I declare that I am unfit for work following injury as a result of participating in a camógie match/training and unable to earn my average weekly income.

I attach

- (i) Confirmation of my loss of nett weekly wages from my Accountant (include Chartered Accountants Registration No)
- (i) Details of my claim with the Social Security Agency.

Signed

Date  /

**Section D.****LOSS OF WAGES CERTIFICATION -  
FOR COMPLETION BY CLAIMANT'S EMPLOYER**

Employer's Name

Phone Number

Company Registration Number

Address

  

Employee's Name

Employees National Insurance No

Employees National Insurance Class

Date employment commenced

 /  / 

Date last worked

 /  / 

Date of notification of loss of wages

 /  / 

Reason for loss of wages

Date returned to work

 /  / **Amount of loss of Basic Nett weekly wages**

£

(excluding overtime, allowances etc.)**(Please attach 3 recent payslips or a letter from employer stating your nett weekly wage)**

I hereby certify that the employee is at a loss of nett weekly wages and was in permanent employment of at least 16 hours on average per week prior to the loss and no sick pay scheme is in operation.

Personnel Officer's/Manager's Name (block capitals)

Personnel Officer's/Manager's Signature

Date

 /  / **Employer's stamp**(If no stamp available please attach a letter on company headed paper confirming the above details)**Section E. (i) STATUTORY SICK PAY CERTIFICATION - FOR COMPLETION BY CLAIMANT'S EMPLOYER.**

I certify that the above named has been in receipt of Illness Benefit for the period

 /  / 

to

 /  / 

at a rate of

£ 

per week

I certify that the above named is not entitled to Illness Benefit for the period

 /  / 

to

 /  / 

as (please state reason)

Official's Name (block capitals)

Official's Signature

**Official Stamp**

Date

 /  /

