

Claim Details *			
Membership No.		Address 1	
Name		Address Line 2	
DOB		Address Line 3	
Telephone		Eircode	
Email		Team (Senior, Intermediate, Junior)	
Employment		Private Medical Insurance	
Status (Full time, Temporary, Student, Masters Student)		Have you Private Insurance Yes/No	
		Insurance company name if Yes	
Injury Details			
Injury Date		Activity e.g Football, Hurling, Camoige	
Injury Type e.g knee, collarbone etc		Was injury incurred at Training, Official Match or Challenge Match?	
Injury Circumstances e.g <i>describe how it happened</i>		Opposition team name if applicable	
Nature of Claim			
Medical Yes/No			
Dental Yes/No			