

TEMPORARY INSURANCE CLAIM FORM



Name of Player:

Home Address:

..... Postcode:

Mobile: Email:

County Club:

Capped / Uncapped Age

If you would like monies paid directly into your bank account please provide bank details otherwise payment will be made by cheque.

Name of bank: Account holders name:

Sort Code: Account Number:

Date of injury or commencement of illness:

Details and nature of injury or illness:

.....

Date player first seen:

Dates and nature of treatment or surgery:

.....

The player was unavailable for selection for any County team by reason of accident / illness as from:

Was the player previously suffering from any pre-existing disease, infirmity or deformity?

.....

The player was available for selection for any County team as from:

Signature of County Medical Officer

Address:

Date: Qualification:

Confirmation by County Secretary:

Signature: Date:

Please return completed form to: Jason Ratcliffe, Professional Cricketers' Association, 3 Utopia Village, 7 Chalcot Road, London, NW1 8LH