



GAA INJURY CLAIM FORM

Claim Registration Information

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

Claimant/Injured Person

Full Address of Claimant

Date of Birth

Contact Number

Claimant's Email Address

Occupation (if applicable)

Employment Status (tick as appropriate)

Student ☐

Employed ☐

Self Employed ☐

Unemployed ☐

Name of Club/County (or School/College etc.)

Full Address of Club

Type of Team (e.g. Football, Hurling, Handball or Rounders)

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

Team

A ☐

B ☐

C ☐

Medical Insurance Details

VHI?

Yes ☐

No ☐

Other Insurance?

Yes ☐

No ☐

Laya Healthcare?

Yes ☐

No ☐

Aviva?

Yes ☐

No ☐

Please specify full name of your Medical Insurance Cover Plan

The Injury Scheme only provides cover for non-recoverable costs up to the limit specified under the scheme. If you have medical insurance, a claim must be made with your Medical Provider. Therefore you must supply a statement of account or letter confirming you are not covered for your medical costs from your Medical Provider. Failure to supply same will delay the assessment of your claim.