

INCIDENT NOTIFICATION ADVICE FORM

**Please return to Perkins Slade Ltd once fully completed on both sides
by Club or Association Official**

CARE SHOULD BE TAKEN TO INCLUDE AS DETAILED AN ANSWER AS POSSIBLE TO ALL QUESTIONS

INSURED MEMBER

Name:

Address:
Post Code:

Daytime Telephone No: E-Mail:

Name of Association in full:

Membership No:

Membership/Licence/Valid from: To:

Please advise if you are a member of any other Association, if so, quote full name:

ACCIDENT / INCIDENT

Place:

Date: Time:

Circumstances:

Details of Injured Person(s)

Name: Age:

Address:

Telephone No: Occupation:

DETAILS OF INJURY

Continued/...

DETAILS OF PROPERTY DAMAGE

Name:

Address:
Post Code:

Telephone No: Email:

Full Details of Damage:

Has blame been "apportioned"? Yes No

If "Yes" state by whom and in what circumstances:

In your view, who is responsible for the incident?

Please outline any implied or actual threat of legal action arising out of the incident:

WITNESSES (If any):

Name:

Address:
Telephone No:

Any Additional Information/Comment / Opinion (in confidence)

Signed Date:

Name (block capitals)

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.

Following to be completed by Club or Association Official

Name:

Address:

Is Claimant a current Club or Associate Member? 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 Yes No

Signed Date:

Perkins Slade Reference No: (for official use only)