



Incident Notification Advice Form

Care should be taken to include as detailed an answer as possible to all questions

INSURED MEMBER DETAILS:

Name:

Address:

Postcode:

Daytime telephone:

Membership Number:

Name of Association (in full):

Membership/licence valid from (DD/MM/YYYY):

to:

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

INCIDENT / ACCIDENT DETAILS:

Place:

Date (DD/MM/YYYY):

Time:

Circumstances:

Care should be taken to include as detailed an answer as possible to all questions

DETAILS OF INJURED PERSON(S): Please continue on a separate sheet if necessary

Name:

Address:

Age:

Daytime telephone:

Postcode:

Occupation:

Details of injury:

DETAILS OF PROPERTY DAMAGE: Please continue on a separate sheet if necessary

Property name/
address details:

Postcode:

Daytime telephone:

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:

Care should be taken to include as detailed an answer as possible to all questions

WITNESS DETAILS (if available): Please continue on a separate sheet if necessary

Witness Name:	Witness Name:
Address:	Address:
Postcode:	Postcode:
Daytime telephone:	Daytime telephone:

ANY ADDITIONAL INFORMATION / COMMENT / OPINION:

Please continue on a separate sheet if necessary

SIGNED:	Print name:
	Date (DD/MM/YYYY):

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.

PLEASE SAVE A LOCAL COPY OF THIS FORM FOR YOUR RECORDS, THEN PRESS 'SUBMIT' TO EMAIL THIS FORM TO JUDO@PERKINS-SLADE.COM:

Following to be completed by Club or Association Official

Name:	Is Claimant a current Club or Associate Member?	YES:	NO:
Position in club:	Did accident take place whilst participating in insured activity?	YES:	NO:
Address:	Do you confirm all above information is correct?	YES:	NO:
	If any answers are stated as "No" please explain:		

SIGNED:
Date: