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Incident Notification Advice Form

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

INSURED MEMBER

Name:

Address:

.....

.....

Daytime Tel No: **Membership No:**

Name of Association in full:

Membership/Licence/valid from **to**

Club /Region/County Name (if applicable)

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

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ACCIDENT/INCIDENT

Place:

Date:

Time:

Circumstances:

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Details of Injured Person(s)

Name **Age**

Address

.....

.....
Tel. No: **Occupation**

Details of Injury

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.....
.....

Details of Property Damage

Name:

Address:

Tel No:

Full Details of Damage

Has blame been "apportioned"?

If "Yes" state by whom and in what circumstances

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In your view, who is responsible for the incident?

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

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WITNESSES (if available)

Name:

Address:

Tel No:

Any Additional Information/Comment/Opinion (in confidence)

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.....

Signed Name Date

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:

Position in Club:

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

Signature

Date