

Please complete the following in all instances:

INSURED DETAILS

POLICY NUMBER:

NAME OF INSURED:

ADDRESS:
Postcode:

TELEPHONE NUMBER:
FAX NUMBER:
EMAIL:

Are you registered for Valued Added Tax? Insert Yes or No
If partially exempt, please state last annual adjusted percentage of tax recoverable: %

INCIDENT DETAILS

Address or location at which incident occurred:

When did incident occur? Date: Time:

Description of incident:

Is there any other insurance policy in force that may cover this incident?
YES/NO
(If yes please provide details)

Have you suffered any previous losses?
YES/NO
(If yes please provide details)

Nature of work being carried out at the time

If in or about a building, is the building owned by you Insert Yes or No

If No, by whom are buildings owned (name, address, telephone and fax details)?

Was anyone to blame? Insert Yes or No

If Yes, who and how?

Did injured person admit it was his own fault? Insert Yes or No

Did anyone admit it was his/her fault? Insert Yes or No

If Yes, who (name, address, telephone and fax details)?

If this person is not employed by the club, who is employer or what is connection with the club?

Did anyone witness the incident? Insert Yes or No

If Yes, please give details (name, address, telephone and fax)

When was the incident reported to you or your representative?

INJURIES

NAME OF INJURED PERSON:

ADDRESS:

Postcode:

TELEPHONE NUMBER:

FAX NUMBER:

What injuries were sustained?

Name, address, telephone and fax details of doctor/hospital by whom treatment given

PROPERTY DAMAGE

NAME OF OWNER OF PROPERTY:

ADDRESS:

Postcode:

TELEPHONE NUMBER:

FAX NUMBER:

Description of property:

Nature of damage and amount claimed:

DECLARATION

We declare that the above statements are true to the best of our knowledge

Signature for Club

	Date / /
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