

Archery incident notification form

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

Insured member

Name of policy holder:

Registered address:

Post code:

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:

Accident/incident

Place:

Date:

Time:

Circumstances:

Details of injured person(s)

Name:

Age:

Address:

Tel no:

Occupation:

Details of injury:

Details of property damaged

Name:

Address:

Tel no:

Full details of damage:

Has blame been
"appointed"?

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 available)

Name:

Address:

Tel no:

Any additional
information/comment/
opinion (in confidence)

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.

Club or association official

Following to be completed by Club or Association Official

Name:

Address:

Position in club:

Is the claimant a current Club or Associate member?	Yes	No
Did the 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

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