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## INCIDENT NOTIFICATION ADVICE FORM Page 1

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

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**DIGITAL:** You may complete & submit this form digitally in Adobe Reader (many third-party PDF apps will not work correctly - download Reader free from [adobe.com](https://www.adobe.com)). Please COMPLETE, SAVE and use the SUBMIT button on page 3.

**PRINT:** You may also print the form as usual and complete manually. Please send completed forms to: Perkins Slade, RFU Claims, Tricorn House, 51 - 53 Hagley Road, Birmingham B16 8TP or SCAN and return to [rfu@perkins-slade.com](mailto:rfu@perkins-slade.com)

### THE FOLLOWING TO BE COMPLETED BY CLUB OR ASSOCIATION OFFICIAL:

CLUB NAME:

ADDRESS:

POSTCODE:

CONTACT  
NAME:

POSITION  
IN CLUB:

EMAIL  
ADDRESS:

DAYTIME  
PHONE NO.:

MOBILE  
PHONE NO.:

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### ACCIDENT / INCIDENT:

PLACE:

DATE:  
(DD/MM/YYYY)

TIME:

CIRCUMSTANCES:

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# INCIDENT NOTIFICATION ADVICE FORM Page 2

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## DETAILS OF INJURED PERSON(S):

NAME:

ADDRESS:

POSTCODE:

PHONE NO.:

OCCUPATION:

DETAILS  
OF  
INJURY:

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## DETAILS OF PROPERTY DAMAGE:

NAME:

ADDRESS:

POSTCODE:

DAYTIME  
TELEPHONE NO.:

FULL DETAILS OF  
DAMAGE:

HAS BLAME BEEN 'APPORTIONED'? YES: NO:

IF YES, 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:**

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# INCIDENT NOTIFICATION ADVICE FORM Page 3

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## WITNESSES (if available):

NAME:

NAME:

ADDRESS:

ADDRESS:

POST  
CODE:

POST  
CODE:

DAYTIME  
PHONE.:

DAYTIME  
PHONE.:

## ANY ADDITIONAL INFORMATION/COMMENT/OPINION (IN CONFIDENCE):

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:

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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.

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**WHEN THE FORM IS COMPLETED,  
CLICK THE SUBMIT BUTTON ON THE  
RIGHT TO EMAIL TO PERKINS SLADE:**