



INCIDENT NOTIFICATION ADVICE FORM Page 1

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

**Please complete the form below, detailing the incident, and return to:
Perkins Slade, British Triathlon Claims, Tricorn House, 51 - 53 Hagley Road, Birmingham B16 8TP
or click on the SUBMIT button on page 3 to email the form to triathlonclaims@perkins-slade.com**

INSURED MEMBER:

NAME:

ADDRESS:

DATE OF BIRTH (DD/MM/YYYY):

POSTCODE:

DAYTIME
PHONE NO.:

MEMBERSHIP / DAY
LICENCE NUMBER:

NAME OF CLUB (IF
APPLICABLE):

MEMBERSHIP / LICENCE VALID
FROM (DD/MM/YYYY):

TO (DD/MM/YYYY):

PLEASE ADVISE IF YOU ARE A MEMBER OF ANY OTHER ASSOCIATION, IF SO, QUOTE FULL NAME:

ASSOCIATION NAME:

ACCIDENT / INCIDENT:

PLACE:

DATE:
(DD/MM/YYYY)

TIME:

CIRCUMSTANCES:

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DETAILS OF INJURED PERSON(S):

NAME:

ADDRESS:

POSTCODE:

PHONE NO.:

OCCUPATION:

DETAILS OF
INJURY:

DETAILS OF PROPERTY DAMAGE:

NAME:

ADDRESS:

POSTCODE:

DAYTIME TELEPHONE
NO.:

FULL DETAILS OF
DAMAGE:

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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:

WITNESSES (if available):

NAME:

NAME:

ADDRESS:

ADDRESS:

POST
CODE:

POST
CODE:

DAYTIME
PHONE.:

DAYTIME
PHONE.:

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.

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