



CLAIM FORM: PUBLIC LIABILITY

WHEN COMPLETING THIS FORM, PLEASE TICK THE APPROPRIATE BOXES AND ANSWER ALL QUESTIONS USING BLOCK CAPITALS.

CLUB DETAILS: COMPLETE FOR ALL CLAIMS

POLICY NUMBER:

NAME

ADDRESS:

 POST CODE:

DO YOU EMPLOY ANYONE? IF 'YES' PLEASE CONFIRM PAYE / ERN DETAILS: YES: NO:

PAYE / ERN NUMBER: OR TICK THIS BOX TO CONFIRM YOU ARE EXEMPT:

CONTACT:

EMAIL: TELEPHONE:

INCIDENT DETAILS: COMPLETE FOR ALL CLAIMS

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

DESCRIBE THE CIRCUMSTANCES OF THE INCIDENT:

IS THERE ANY OTHER INSURANCE POLICY IN FORCE THAT MAY COVER ANY OF THE ITEMS YOU ARE CLAIMING FOR? (IF YES PROVIDE DETAILS):
YES: NO: DETAILS:

HAVE YOU SUFFERED ANY OTHER LOSS OR DAMAGE IN THE LAST 3 YEARS? (IF YES PROVIDE DETAILS):
YES: NO: DETAILS:

NATURE OF ACTIVITIES BEING UNDERTAKEN AT THE TIME OF THE INCIDENT:

IF THE INCIDENT HAPPENED IN OR AROUND A BUILDING, IS THE BUILDING OWNED BY YOU? IF 'NO' THEN PLEASE PROVIDE THE DETAILS OF THE PROPERTY OWNER (NAME, ADDRESS, TELEPHONE NUMBER, EMAIL ADDRESS):

YES: NO: N/A:

PROPERTY OWNERS DETAILS:

DO YOU HOLD ANYONE RESPONSIBLE FOR THE INCIDENT? IF 'YES' PLEASE ADVISE WHO AND WHY:

YES: NO: DETAILS:

DID ANYONE ADMIT FAULT FOR THE INCIDENT? IF 'YES' PLEASE PROVIDE THEIR NAME, ADDRESS AND CONTACT DETAILS:

YES: NO: DETAILS:

IF THIS PERSON IS NOT AN EMPLOYEE, WHAT IS THEIR CONNECTION WITH THE CLUB?

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DID ANYONE WITNESS THE INCIDENT? IF YES PLEASE PROVIDE THEIR DETAILS (CONTINUE ON SEPERATE PAGE IF NECESSARY):

YES: NO:

WITNESS NAME:	POSITION :	ADDRESS:	CONTACT NUMBER:

INJURIES: COMPLETE THIS SECTION FOR ALL CLAIMS INVOLVING PERSONAL INJURY

NAME OF INJURED PERSON:

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ADDRESS:

TELEPHONE NUMBER:

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DESCRIPTION OF INJURY:

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DID INJURED PERSON ADMIT THE INCIDENT WAS THEIR FAULT?:

YES: NO:

NAME, ADDRESS & TELEPHONE DETAILS OF DOCTOR / HOSPITAL BY WHOM TREATMENT GIVEN (IF KNOWN):

PROPERTY DAMAGE: COMPLETE THIS SECTION FOR ALL CLAIMS INVOLVING PROPERTY DAMAGE

NAME OF OWNER:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/>
TELEPHONE NUMBER:	<input type="text"/>
DESCRIPTION OF PROPERTY:	<input type="text"/>
NATURE OF DAMAGE:	<input type="text"/>
AMOUNT CLAIMED:	<input type="text"/>
	IS THE OWNER OF THE PROPERTY A CLUB MEMBER?: YES: <input type="checkbox"/> NO: <input type="checkbox"/>

HAVE YOU CARRIED OUT ANY RISK ASSESSMENTS:

YES: NO:

IF YES THEN PLEASE PROVIDE DETAILS (DATE & CIRCUMSTANCES):

HAVE YOU CARRIED OUT ANY RISK ASSESSMENTS:

YES: NO:

WAS IT REASONABLY FORESEEABLE THAT THIS MAY HAPPEN?:

YES: NO:

DO YOU HAVE ANY ACCIDENT RECORDS?:

YES: NO:

WHAT IS THE YARDAGE FROM WHERE THE BALL WAS HIT TO THE PROPERTY OR PERSON THE BALL STRUCK? (APPROXIMATELY):

WHAT PROCESSES OR PROCUDURES DO YOU HAVE IN PLACE TO PREVENT INJURY OR DAMAGE TO PROPERTY FROM CRICKET BALLS? ARE THE PUBLIC PROTECTED BY ANY WALLS, BOUNDARY FENCES, TREES, NETS ETC? IF 'YES' THEN PLEASE PROVIDE DETAILS INCLUDING HEIGHT & WIDTH OF THE OBSTACLE & ALSO DRAW THEIR LOCATION ON THE SKETCH BELOW:

YES: NO:

DETAILS:

PLEASE PROVIDE A SKETCH OF THE GROUND SHOWING: THE FIELD OF PLAY, THE LOCATION OF THE DAMAGED PROPERTY, AND ANY OBSTACLES:

DECLARATION:

I / WE DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE / BELIEF:

NAME:

POSITION:

SIGN:

DATE: