

TELEPHONE: 01630 658455 FAX: 01630 658455 WEBSITE: WWW.OWZAT-INSURE.CO.UK
ADDRESS: 11 CHESHIRE STREET, MARKET DRAYTON, SHROPSHIRE TF9 1PD

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 ANYO	ONE? 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	S: COMPLETE FOR ALL CLAIMS					
INCIDENT DATE:	INCIDENT TIME:					
INCIDENT LOCATION:						
DESCRIBE THE CIRCUI	MSTANCES OF THE INCIDENT:					
IS THERE ANY OTHER YES PROVIDE DETAILS	INSURANCE POLICY IN FORCE THAT MAY COVER ANY OF THE ITEMS YOU ARE CLAIMING FOR? (IF					
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:						

PROVIDE THE DE	= TAILS OF TE	IE PROPER	.TY OWNER (NAME	E, ADDRESS, TELEPHONE NUMBER,	EMAIL ADDRESS):
YES:	NO:	N/A:			
PROPERTY OWN DETAILS:	IERS				
DO YOU HOLD A	NYONE RESF	ONSIBLE F	OR THE INCIDENT	Γ? IF 'YES' PLEASE ADVISE WHO AN	D WHY:
YES:	IO:	DETAILS:			
DID ANYONE ADI	MIT FAULT FO	OR THE INC	IDENT? IF 'YES' F	PLEASE PROVIDE THEIR NAME, ADDI	RESS AND CONTACT DE-
YES:	IO:	DETAILS:			
IF THIS PERSON	IS NOT AN E	MPLOYEE,	WHAT IS THEIR C	ONNECTION WITH THE CLUB?	
DID ANYONE WIT NECESSARY):	TNESS THE IN	NCIDENT? II	F YES PLEASE PR	OVIDE THEIR DETAILS (CONTINUE C	ON SEPERATE PAGE IF
	IO:				
WITNESS NAME	:	POSITION	:	ADDRESS:	CONTACT NUMBER:
IN HIDIES. CO	OMDLETE TH	IC CECTION	LEOD ALL CLAIMS	INVOLVING PERSONAL INJURY	
INJURIES: CO	JMPLETE IH	IS SECTION	FOR ALL CLAIMS	S INVOLVING PERSONAL INJURY	
NAME OF INJURE	ED PERSON:				
ADDRESS:					
TELEPHONE NUM	MBER:				<u> </u>
DESCRIPTION O	F INJURY:				

IF THE INCIDENT HAPPENED IN OR AROUND A BUILDING, IS THE BUILDING OWNED BY YOU? IF 'NO' THEN PLEASE

DID INJURED PERSON ADMIT THE INCID	DENT WAS THEIR F	FAULT?:			
YES: NO:					
NAME, ADDRESS & TELEPHONE DETAIL	S OF DOCTOR / H	OSPITAL BY	WHOM TREATMENT (GIVEN (IF KN	NOWN):
PROPERTY DAMAGE: COMPLET	F THIS SECTION F	OR ALL CLAII	MS INVOLVING PROP	PERTY DAMA	AGF
NAME OF OWNER:	L Triid OLOTTOTT	JIV/ILE J	VIO HTV CEVITO I TO		iol.
ADDRESS:					
<u></u>					
TELEPHONE NUMBER:					
DESCRIPTION OF PROPERTY:					
NATURE OF DAMAGE:					
AMOUNT CLAIMED:		IS THE OW PROPERT	/NER OF THE Y A CLUB MEMBER?:	YES:	NO:
				г	
HAVE YOU CARRIED OUT ANY RISK AS:	SESSMENTS:	,		YES:	NO:
IF YES THEN PLEASE PROVIDE DETAILS	S (DATE & CIRCUM	STANCES):			

WAS IT REASONABLY FORESEEABLE THAT THIS MAY HAPPEN?: DO YOU HAVE ANY ACCIDENT RECORDS? WHAT IS THE YARDAGE FROM WHERE THE BALL WAS HIT TO THE PROPERTY OR PERSON THE WHAT PROCESSES OR PROCUDURES DO YOU HAVE IN PLACE TO PREVENTI INJURY OR DAMAGE TO PROPERTY FROM CRICKET BALLS YARDAGE TO PROPERTY FROM PLASE 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 OSSTACLES: DETAILS: DETAILS: DECLARATION: 1 VIE DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE / BELLEF: NAME: POSITION: DATE: DATE:	HAVE YOU CARRIED OUT ANY RISK ASSESSMENTS:		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 WHAT PROCESSES OR PROCUDED RETAILS INCLUDING HEIGHT & WIDTH OF THE OBSTACLE & ALSO DRAW THEIR LOCATION ON THE WEST HEIGHT OF THE GROUND SHOWING: THE FIELD OF PLAY, THE LOCATION OF THE DAMAGED PLEASE PROVIDE A SKETCH OF THE GROUND SHOWING: THE FIELD OF PLAY, THE LOCATION OF THE DAMAGED PROPERTY, AND ANY OBSTACLES:	WAS IT REASONABLY FORESEEABLE THAT THIS MAY HAPP	PEN?:	YES:	NO:				
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