

INCIDENT REPORT FORM - privileged

To be covered by MPAGB insurance you are required to report (to the MPAGB insurance brokers via the MPAGB) every known incident, particularly involving a personal injury, which may give rise to a subsequent claim. The purpose of the form is to ensure that whether or not a claim is made, the information you give is recorded so that if need be you receive the appropriate legal advice and so insurers can address the claim. Please help us support you in this matter. Non reporting of this type of information could result in insurers limiting cover or denying indemnity.

Please complete this form in clear print using black ink.

Return to : Admin, MPAGB, Norwood House, Univeristy of Bath, BATH BA2 7AY

Tel: 01225 386808 E-mail: admin@mpagb.org.uk

Club:
Your Name:
Your Contact Details:
Date and Time of Incident:
Name(s) of Individual(s) involved in incident:
Contact Details of Individual(s) involved in incident or injured:
Brief Description of Incident:
Details of any injuries:

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Details of First Aid On Site:

Details of Any Emergency Service Support:

Details of Any Evacuation:

Details of Any Witnesses:

Outcome (as far as can be determined at time of report):

Any Additional Information:

Signed

Dated