

Incident Notification Advice Form

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

Certified Member

Name

Address

Daytime Tel No

Certification Number

Certification Valid From

Name of Association in Full

Specialist Driving Skills Agency

Accident / Incident

Place

Date

Time

Circumstances

Details of Injured Person(s)

Name

Age

Address

Tel No

Occupation

Details of Injury

Details of Property Damage

Name

Address

Tel No

Full Details of Damage

Has blame been 'apportioned'

If 'Yes' please state 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

Address

Tel No

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.

Following to be completed by SDSA

Name

Address

Is claimant a current SDSA Member

YES

NO

Did the accident take place whilst relying on SDSA Certification?

YES

NO

Do you confirm that all the above information is correct?

YES

NO

If any answers are stated as 'NO' please explain

Signed

Date

All forms should be returned to:

Nigel Hayden

nigel.hayden@sports-insure.com

0800 464 0884

07889 304727

Sports Insure, The Regus Building, Herald Way, Pegasus Business Park, Castle Donington, DE74 2Tz