

Details of Property Damage

| | |
|------------------------|---------|
| Name | Address |
| Tel No | |
| Full Details of Damage | |

Has blame been "apportioned?" YES ☐ NO ☐

If "YES" 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): Give name, address and tel no

| | | |
|------------------|------------------|------------------|
| 1. | 2. | 3. |
| | | |

Any additional information / comment / opinion (in confidence):

| | | | | | |
|-----------|--------------|------|----------|--|--------------|
| Signature | | Name | | Position/ Appointment In Club / Association | |
| | | Date | | | |

DECLARATION TO BE COMPLETED BY CLUB / ASSOCIATION OFFICIAL

| | |
|---------------------------------|---------|
| Name | Address |
| Tel No | |
| Position in Club & Association: | |

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Is the claimant a current Club or Association Member? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Did the accident take place whilst participating in insured activity? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you confirm all the above information is correct to the best of your knowledge? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If any answers are stated as "NO", please explain:

| | | | |
|-----------|--------------|------|--------------|
| Signature | | Date | |
|-----------|--------------|------|--------------|

This form to be sent to the British Aikido Board Secretary: Mrs Shirley Timms, 6 Halkingcroft, Langley, Slough SL3 7AT (tel: 01753 577878) (fax: 01753 577331) who is then to send the form by recorded delivery to:

Endsleigh Insurances (Brokers) Ltd, Hadley House, Shurdington Road, Cheltenham, Glos GL51 4UE
Tel No: 01242 866789 Fax No: 01242 866961 Email: sports@endsleigh.co.uk