Please note that this form is to be filled in by a member of the committee, a group leader, or the property owner and should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

# Your details

|  |  |
| --- | --- |
| **U3A** | Southport |
| **Name** |  |
| **Position** |  |
| **Email** |  |
| **Telephone** |  |
| **Address** |  |
| **Postcode** |  |

# Accident details

|  |  |
| --- | --- |
| **Date of incident** |  |
| **Time of incident** |  |
| **Where did the incident occur?** |  |
| **Please state the reason for the injured person or damaged property being there** |
|  |
| **Please describe the circumstances of the incident***Attach a sketch or photograph(s) if possible* |
|  |

# Particulars of person(s) involved in the accident (continue on a blank page if necessary)

|  |  |
| --- | --- |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |

*Sections 4 and 5 are to be completed for any incident involving injury.*

# Particulars of the injured person(s) (continue on a blank page if necessary)

|  |  |
| --- | --- |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |

# Details of injury

|  |  |
| --- | --- |
| Describe the injury/injuries |  |
| Immediate action taken |  |
| Treatment at the scene |
| Admission to hospital |
| Ongoing medical treatment |

*Section 6 is to be completed for any incident involving damage to property*

# Details of damaged property

|  |
| --- |
| Describe damage caused |
| Estimated cost of repair or replacement  |  |
| Name of owner of damaged property |  |
| Email | Telephone |
| Address |  |
|  | Postcode |

*The remaining sections are to be completed for all incidents*

# Name and contact details of any witnesses to the accident

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# Declaration

|  |
| --- |
| I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects. |
| Signed | Dated |