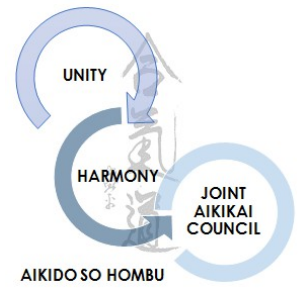


Joint Aikikai Council



INCIDENT NOTIFICATION ADVICE FORM

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

Insured Member

Full Name _____

Daytime Tel No _____

Home address _____

Post Code _____

JAC Ins Cert No _____

Date Valid from _____

Date Valid to _____

Name of Association (in full) _____

Please advise if you are a member of any other Association. If so, quote full name

Accident/Incident

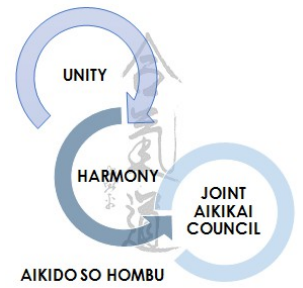
Date of accident _____

Time of the accident _____

Place _____

How did the accident happen? Describe the circumstances. _____

Joint Aikikai Council



Details of Injured Person(s)

Name Age Occupation _____

Home address: _____

Tel No: _____

Details of Injury _____

Details of Property Damage _____

Name _____

Address _____

Tel No _____

Full Details of Damage

Has blame been “apportioned?”

YES _____

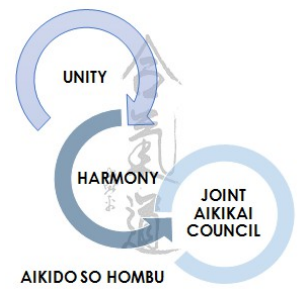
NO _____

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: _____

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WITNESSES (if available): Give name, address and tel no

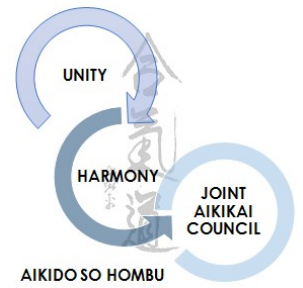
1. _____

2. _____

3. _____

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

Joint Aikikai Council



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 _____

NO _____

Did the accident take place whilst participating in insured activity?

YES _____

NO _____

Do you confirm all the above information is correct to the best of your knowledge?

YES _____

NO _____

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

Signature _____

Date _____

This form to be sent to the Joint Aikikai Council General Secretary: Mr Guy Needler, Milestone Cottage, Alcester Rd, Portway, Birmingham, B48 7HT. (tel: 01564822093) (email: gneedler@btinternet.com) who will then to send the form by recorded delivery to:

Perkins Slade Ltd (Insurance Brokers) 3 Broadway, Broad Street, Birmingham, B15 1BQ. (tel: 01216988000, fax: 01216259000, email: info@perkins-slade.com)