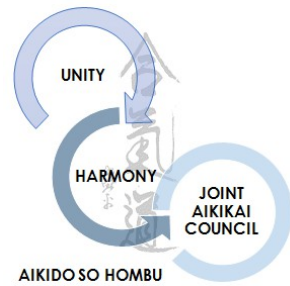


Joint Aikikai Council



PERSONAL ACCIDENT CLAIM FORM

NOTES TO ASSIST YOU:

1. If a claimant is unable to claim personally, the claim form may be completed on his/her behalf.

2. To comply with the insurance policy conditions, this form must be submitted within 21 days of the accident.

3. The claim must:

a. Show your current JAC Insurance Certificate No.

b. Be countersigned by the Instructor in charge of the training session at the time of the incident.

c. Be sent by recorded delivery post to your Governing Body's Claims Officer, who is:

Mr Guy Needler, Milestone Cottage, Alcester Rd, Portway, Birmingham, B48 7HT. (tel: 01564822093) (email: gneedler@btinternet.com)

4. The JAC Claims Officer will forward the claim form to the insurers, Perkins-Slade, for their action. Once the claim is received by Perkins-Slade they will deal directly with you on any further action required in processing the claim; this may include the requirement for you to provide – at your own expense – medical certificates from a doctor or hospital.

JAC Ins Cert No _____

Date of Issue _____

Name of Association _____

Name of Instructor in charge at the time of the incident

Your Full Name _____

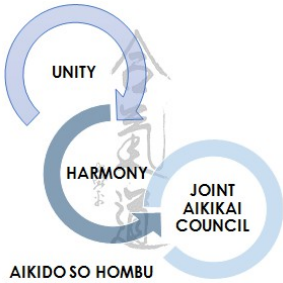
Date of Birth _____

Your Home address

Post Code _____

Home Tel No _____

Joint Aikikai Council



Work Tel No _____

E-mail _____

Details of the Accident

Date of accident Time of the accident _____

Where did it occur?

How did the accident happen? Describe precisely what you were doing at the time.

For statistical purposes it is important that you give the fullest details. Continue on a separate sheet if necessary

What are your injuries?

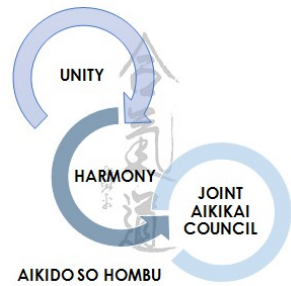
Have you ever suffered a similar injury before? (tick box)

YES _____

NO _____

If "YES" please give details:

Joint Aikikai Council



Give names and addresses of any witnesses:

1. _____

2. _____

3. _____

DECLARATION

CLAIMANT: I declare that these particulars are true in every respect.

Signature of Claimant _____

Date _____

INSTRUCTOR: I declare that this accident occurred as stated.

Signature of Instructor _____

Date _____

GOVERNING BODY: I declare that these particulars are true in every respect.

Signature of Governing Body (JAC Gen Sec)

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