



Risk Management Guidelines (December 2015)

APPENDIX C

INCIDENT NOTIFICATION GUIDELINES

It is important that you notify us/the Insurers promptly of all incidents that may give rise to a claim. This will enable the Insurers to carry out the necessary investigations as early as possible and ensure that you comply fully with the policy terms and conditions.

The types of incident that you should report to us immediately would involve :-

- A fatal accident.
- An injury involving either referral to or actual hospital treatment.
- Any allegations of libel/slander.
- Any allegations of professional negligence, i.e. arising out of tuition, coaching or advice given.
- Any investigation under any child protection legislation.
- Any circumstance involving damage to third party property.

An injury is defined as :-

- Any head injury that requires medical treatment.
- Any fracture, other than to fingers, thumbs or toes.
- Any amputation, dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- Any injury resulting from electrical shock or burn, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

The above list is not exhaustive, and if you are unsure as to whether an incident should be reported, please do contact Endsleigh on 01242 866789 for further advice.

We would remind you that in NO circumstances should you admit liability, or agree to pay for any damage caused as this may prejudice the position of the Insurers and could result in the withdrawal of any indemnity.

We would recommend that a designated person within your organisation is made responsible for recording any reportable accidents. Records must be kept for at least three years, along with names and addresses of any possible witnesses.

Current legislation does not specify the format of an accident register, but the Accident Book BI510, available from HMSO, is frequently used and is approved by the Information Commissioner for D&A compliance.

The register must contain the following information relating to all reportable accidents or dangerous occurrences:-

- Date and time of the accident
- Details of the injured person, i.e. name, address, nature of injury etc
- Details of where the accident occurred
- A brief description of the circumstances

Reporting an Incident to the Health & Safety Executive

You may also have obligations under the RIDDOR 95 regulations to report incidents to the HSE. For further information and to obtain a copy of the "RIDDOR Explained" leaflet, visit www.hse.gov.uk



APPENDIX D

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

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

BAB 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.



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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:

[]

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

Table with 3 columns for witness details (1., 2., 3.)



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

DECLARATION TO BE COMPLETED BY CLUB / ASSOCIATION OFFICIAL

Name	Address
Tel No	
Position in Club and Association	

Is the claimant a current Club or Association Member?

YES

NO

Did the accident take place whilst participating in insured activity?

YES

NO

I 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 BAB Insurance Liaison Officer:

Vincent Sumpter
4 Connemara Close, Westbury, Wilts BA13 3FG
Tel: 01373 826910
Email: insuranceofficer@bab.org.uk

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 864989)
Email: sports@endsleigh.co.uk