

BAB 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 BAB 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:
Mrs Shirley Timms, 6 Halkingcroft, Langley, Slough SL3 7AT
(tel: 01753 577878) (fax: 01753 577331)
4. The BAB 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.

BAB 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 Home Tel No
Post Code Work Tel No
E-mail address

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.