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Mountaineering Scotland

**COMBINED LIABILITY
 INCIDENT NOTIFICATION ADVICE FORM**

ONCE COMPLETED, THIS FORM TO BE RETURNED TO HOWDEN

Following to be completed by Mountaineering Scotland Official

Name of claimant:					
Is Claimant currently affiliated?		Yes		No	
Please state what Class of Membership:	Membership No:				
Membership Number:					
Membership Valid From:	To:				
Membership/Licence valid from:	To:				
Did Accident take place whilst participating in insured activity?		Yes		No	

Signed:		Print name:		Date:	
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Following to be completed by INSURED PARTY (Individual Member / Club)

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

A) INSURED MEMBER

Name:	
Address:	
Tel:	

B) ACCIDENT/INCIDENT

Place:			
Date:		Time:	
Circumstances:			

C) DETAILS OF INJURED PERSON(S)

Name:			
Address:			
Tel:		D.O.B:	
Email:			
Occupation:			

D) DETAILS OF PROPERTY DAMAGE

Name:			
Address:			
Tel:			
Full Details of Damage			
Has blame been "apportioned"?			
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			

E) WITNESSES (if available)

Name:	
Address:	
Tel:	

F) Any Additional Information/Comment/Opinion (in confidence)

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Signed:		Print name:		Date:	
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