

Countryside Alliance Members

Personal Accident Report Form

Please complete and return this form to:

Howden UK Group Ltd
Woodlands, Manton Lane
Bedford MK41 7LW

Tel: 01234 311255
Fax: 01234 408676



Incorporating The Irish Game
Protection Association



Membership Number:	
Name and Address of Member	
Date of Birth of Member (required by Insurers to enable claim to be processed)	
Contact Name if different from above. Please also state relationship to member	
Contact Number (s)	

1. When and where did the accident happen? Date, hour and place - *Please state as fully as possible*

2. Give details of the circumstances in which the injury was sustained - *Please state as fully as possible*

3. What injuries were sustained:

a) Regions injured:
(if a hand or an arm, a foot or a leg, state whether it is the right or left)

b) Nature and extent of injuries

Are the effects of the injury permanent?

Yes No

It may be necessary to obtain medical evidence in support of your claim. If so, the Underwriter will contact you to obtain a form of consent for a copy of your medical records and consent to obtain a medical report from your GP or treating consultant

6. GP/Consultant Details:

GP's Name and address

Postcode

Consultant's Name and address

Postcode

7. Have you had any previous claims on this type of insurance Yes No

If yes, please give full details: nature of claim, amount, year, insurer, claim reference.

Declaration

I declare that the whole of the statements made within this Claim Form are true in every respect	
Signature of Member:	Date:



Howden UK Group Limited
Woodlands, Manton Lane, Bedford, MK41 7LW
www.howdengroup.com
Part of the Hyperion Insurance Group