

GIRLGUIDING UK INSURANCE SERVICE
Managed by Aon Ltd

NOTIFICATION OF ACCIDENT OR INCIDENT FORM

Please complete the whole of this form to avoid delays. This is not an insurance claim form, purely the notification of an accident or incident. Receipt will be acknowledged and an expenses form issued if appropriate.

This should be completed by an adult member of the Association as soon as possible after the accident or incident and any witness statements or documents that are relevant should be attached. Please keep a copy, and return the original to the address overleaf.

If you have any queries regarding the form, please call the Helpline on 0870 2403706.

DATE OF ACCIDENT/INCIDENT TIME		
NAME OF INJURED PERSON		date of birth (dd/mm/yyyy)
ADDRESS		
POSTCODE		
TELEPHONE NO		
NEXT OF KIN IF INJURED PERSON UNDER 18		
RELATIONSHIP		
ADDRESS IF DIFFERENT		
NAME OF GUIDER IN CHARGE		
ADDRESS		
POSTCODE		
TELEPHONE NUMBER		
APPOINTMENT HELD		
WITNESS/ES' NAMES		
ADDRESS		
POSTCODE		
TELEPHONE NO		
APPOINTMENT HELD		
SECTION (GUIDES, BROWNIES, RAINBOWS ETC)		
UNIT		
DIVISION		
COUNTY		

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REGION/ COUNTRY	
NAME & TEL NO OF DISTRICT OR DIVISION COMMISSIONER (FOR INFORMATION)	

ACCIDENT DETAILS EVENT (WEEKLY MEETING, CAMP ETC)	
ACTIVITY IN PROGRESS (GAME, WALK ETC)	
LOCATION (HALL, CAMPSITE) ADDRESS	
IF SITE NOT GUIDE OWNED GIVE NAME & ADDRESS OF LESSOR/HIRER	
SIZE OF GROUP	
SUPERVISION (NUMBER OF ADULTS/LEADERS)	

DESCRIPTION OF ACCIDENT Please give a full description of the accident/incident including the cause	
TYPE OF INJURY	
TREATMENT GIVEN (FIRST AID, HOSPITAL ETC) ADDRESS OF HOSPITAL OR DOCTOR IF APPROPRIATE	
RESULT OF INJURY (HOSPITAL STAY ETC)	

SIGNATURE OF GUIDER IN CHARGE

I understand and give explicit consent that the information I provide about myself and others named in this Notification, including any sensitive information such as health records, will be retained securely by Aon Limited. It will not be disclosed to any other party except the Guide Association and, in the event of a claim, to the Association's Insurers. Except where the information is used to process a claim it will only be used to compile accident profiles and for statistical analysis.

NAME _____

Please send original completed form to
The Guide Association Insurance Service, PO Box 410, Redhill, RH1 1AW
Tel 0870 2403706 Fax 01737 783706
E-Mail girlguiding@ars.aon.co.uk

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