



APPENDIX C

INCIDENT NOTIFICATION GUIDELINES

It is important that you notify us promptly of all incidents that may give rise to a claim. This will enable the BAB and our 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 incidents 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 contact the BAB Insurance Liaison Officer for further advice.

We would remind you that under 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 association/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.



Risk Management Guidelines (May 2023)

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



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)

Are you a member of any other Association? If yes, please quote the full name of the Association below.



Risk Management Guidelines
(May 2023)

Accident / Incident

Date of accident

Time of the accident

Place

How did the accident happen? Describe the circumstances.



Risk Management Guidelines
(May 2023)

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?



Risk Management Guidelines
(May 2023)

Please outline any implied or actual threat of legal action arising out of the incident:

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WITNESSES (if available) – please supply name, address and telephone number.

1.	2.	3.

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

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Risk Management Guidelines
(May 2023)

**DECLARATION TO BE COMPLETED BY
CLUB / ASSOCIATION OFFICIAL**

Name:	Address:
Tel No:	
Position in Club/Association:	

	YES	NO
Is the claimant a current Club or Association Member?		
Did the accident take place whilst participating in an insured activity?		
I confirm all the above information is correct to the best of our knowledge		

If any of the above answers are stated as "NO", please provide further information below.

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Signature

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Date

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This form to be sent by email to the BAB Insurance Liaison Officer: babinsurancelo@gmail.com