



NAME AND ADDRESS OF OTHER PARTY

NAME:
CONTACT:

WERE THERE ANY WITNESSES TO THE ACCIDENT? (IF YOU HAVE ANSWERED YES, PLEASE SUPPLY CONTACT DETAILS)

NO                       YES

NAME:
CONTACT:

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PLEASE COMPLETE ALL DETAILS OVERLEAF BEFORE SIGNING BELOW

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

SIGNATURE OF CHURCH SECRETARY,  
TREASURER OR ADMINISTRATOR

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NAME (PLEASE PRINT)

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DATE

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**CHECK LIST**

BELOW IS A LIST OF ITEMS WE REQUIRE IN ORDER TO PROCESS YOUR CLAIM. PLEASE TICK THE BOX IF THAT ITEM HAS BEEN INCLUDED WITH THIS CLAIM FORM.

ITEM	
COMPLETED CLAIM FORM	<input type="checkbox"/>
INCIDENT REPORT IF REQUIRED	<input type="checkbox"/>
SUPPORTING DOCUMENTATION	<input type="checkbox"/>