



British Skydiving
5 Wharf Way, Glen Parva
Leicester, LE2 9TF
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britishskydiving.org

THIRD PARTY LIABILITY INSURANCE REPORT/CLAIM FORM

This form should be submitted immediately following any incident involving a Third Party and/or damage to property. The relevant Injury and/or Incident/Malfunction Reports (British Skydiving Forms 117 and/or 118/118A) should also be completed. These forms are to be sent to British Skydiving HQ. Copies of which should be retained for your records.

1. **Details of British Skydiving member involved**

Name: _____ Membership No: _____

Address: _____

Telephone Nos: _____

2. **Third Party Details**

Name: _____ Membership No: _____
(If Applicable)

Address: _____

Telephone Nos: _____

3. Date and time of Incident: _____

4. Name of PTO or Display Team: _____

Location of Incident (PLA): _____

5. Give description of how incident occurred _____

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6. **Details of Witnesses (other than Jumpmaster or DZ Controller)**

Name: _____

Address: _____

Name: _____

7. Report by member involved, including details of damaged caused:

Signature: _____ Date: _____