

## 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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