

Supplementary information is for serious incidents

First Party Details:

Parents/next of kin contacted? Y / N
Name of person contacted: _____
Relationship to injured party: _____
Contact number: _____
Time of call: _____

Second Party Details:

Name: _____ Address: _____
(and if applicable:) _____
Car reg: _____
Make/Model _____
Colour _____ Post code: _____

Hospital details

(if necessary)

Name of hospital: _____
Hospital address: _____

_____ Tel. no. _____

Police details

(if necessary)

Name: _____
Address: _____

_____ Tel. no. _____
Hospital tel. number: _____ Incident no. _____

Witnesses:

Name	Telephone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When completed, email this form to: claims@butterworthspengler.co.uk with a copy to CTC Operations Director Carol McKinley carol.mckinley@ctc.org.uk. If it is a CTC Member Group ride, please also send a copy to groups@ctc.org.uk. Also ring our Accident Claims Line on 0844 736 8462 urgently for legal advice.