



CATHOLIC CHURCH INSURANCE ASSOCIATION

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LIABILITY ACCIDENT REPORT FORM

PART A

GUIDANCE NOTES FOR COMPLETION OF FORM

1. **Do** be sympathetic to the injured party **but do not** admit responsibility for the accident.
2. **Do** complete the Liability Accident Report Form as soon as possible. The form should be completed by a Parish or School official. Under no circumstances should the form be passed to the injured party for completion.
Do not wait for a claim to be made against you.
3. **Do** return the completed form to CCIA at Aylesbury in accordance with Diocesan policy. If in doubt, check with your Financial Secretary/Treasurer.
4. **Do not** reply to any letter or document.
5. **Do** immediately pass on any letter or document received to CCIA.
6. **Do not** write any letter to the injured party without first seeking your insurers written consent.
7. **Do not** appoint Solicitors to act on your behalf. You will be responsible for their costs.
8. In some instances Personal Accident insurance arranged through the Diocese will cover the injured persons.
Do not inform the injured party without having taken instructions from your Financial Secretary/Treasurer.
9. **Do** ensure that any letter of claim writ or summons received is despatched the same day to CCIA. If possible send a copy by facsimile to 01296 428049.
10. **Do** ensure that all witnesses are identified at the earliest opportunity and records & photographs are kept. A full entry should be made in your Accident Report Book, if appropriate.
11. Value Added Tax (Legal Costs).
 - a) It may be necessary, to protect your interests, for the insurers to instruct Solicitors or other professional people, on your behalf. Where insurers consider such services necessary, insurers will pay the cost. The services provided attract Value Added Tax.
 - b) These services are treated as being supplied to a policyholder and not to their insurer. Most Church authorities are not registered for Value Added Tax. If however you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
 - c) If you tell us that you can recover V.A.T. the insurers will ask the Solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
 - d) Insurers will pay the balance of the account including any proportion of V.A.T. which you cannot recover.

This form is for notification to your Insurers of a potential action against you. Completion of this form does not constitute a claim on this policy and may not necessarily result in a payment being made to the claimant.



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Part B

Section 1. Details of Policy Holder

Diocese

Parish or School Address

Post Code

Nature of Business

Telephone No.

Please give name of person to contact if we require further information

Section 2. Details of Accident/Loss - COMPLETE IN ALL CASES

Date and time of accident

am/pm

**Where did it happen
(address of premises & description of site eg.
parish hall, school playground)**

What activities were being undertaken at the time of the accident?

Please give a full description of the accident

Give whatever details you can about the extent of injury, disease or damage.

Injury/Disease:

Damage:

Give name(s) of person(s) injured or whose property was damaged

**Was any injured person taken to hospital?
(please state name of hospital if applicable)**

Name:

Address:



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Give name(s) and status of any witness to the accident (status, eg. parishioner, staff member)

Section 3: Complete only if an employee or voluntary helper is injured

Name and address of employee or voluntary helper and National Insurance Number

N.I No.....

Date of Birth

/ /

Marital Status

Occupation and length of service

years

Has the employee come back to work?

Yes No
If yes please give date of return / /

Employees weekly NET wage

OR

Employees monthly salary

.....pw
.....pm

Give details of Statutory Sick Pay/Company Sick payable per week

Section 4: Value Added Tax (legal/Professional Representation)

Complete the questions as appropriate

Are you registered for V.A.T?

Yes No

Can you recover 100% of the V.A.T?

Yes No

If not what can you recover?

.....%

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf



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The V.A.T. content of the account is payable by you to the extent that you can recover the tax

Section 5

If the premises are a school please advise which of the following is applicable:

Independent School Yes No

Grant Maintained School Yes No

Sixth Form College Yes No

Voluntary Aided School Yes No

Other
Please Specify

Part C

Section 1: Voluntary Aided Schools

Who is responsible for the safety and maintenance of the area where the accident occurred?
(eg. Governors, LEA, Other)

If relevant, has a claim been intimated against the LEA in respect of the accident Yes No

If the injured party is an employee, are the LEA responsible under the provisions of the Education Act 1944? Yes No

Was the injured party taking part in a curricular activity? Yes No

If no please advise whether: The LEA are responsible Yes No

Any other body is responsible Yes No

Please Specify

Part D

Declaration

I/We declare that to the best of my/our knowledge the above particulars are true and correct

Signature of person completing this form
