



Incident & Accident Report Form

Claim Reference (Office Use Only)	
Members Name	
Members club (if applicable)	
Members Licence Number	
Members Address	
Members Phone Number	
Contact details of person completing form (if different to those of member)	
Date of incident	
Name of event at which incident occurred and contact details of promoting club / organiser (if applicable)	
Describe weather and road / route conditions	
Relevant details of third parties / witnesses (names, contact details, registration numbers etc.)	
Full details of Garda / PSNI presence (if applicable)	
Describe the incident and nature of injuries / damage	
If hospitalisation was required please give full details.	

I confirm that the above details are, to the best of my knowledge, true:

Signed: _____

Date: _____

Notes:

1. Claim Form to be submitted to Cycling Ireland by using the Contact Us page @ <http://www.cyclingireland.ie/page/contact-us>
2. Claims can only be made by those holding a current Cycling Ireland licence as at the date of the incident.

3. An excess of €100 to medical and dental expenses claimed, maximum sum insured is €2,500 under each expense type. Receipts must be produced for all claims.
4. Where relevant include name of race commissaire.
5. As and from 1st January 2017, there is an excess of €500 on any claim payable by the member. Thus if your claim is settled for example €1,500, our insurance company will pay €1,000 and the claimant will have to pay the balance.