



Basketball Ireland

NB*

All claim report forms to be sent directly to dlambe@ireland.basketball and ngbclaims@arachas.ie

Members Name:	
Members Club:	
Members Licence Number (BIPIN):	
Members Date of Birth	
Contact details of person completing form and to be contacted in relation to this claim	Name: Address: Phone number: Email address: Relationship to member:
Date of Incident:	
Name of event at which incident occurred and contact details of promoting club / organiser	
Relevant details of third parties / witnesses:	
Full details of Garda / PSNI presence or any other medical services	
Details of Accident circumstances	
Details of injury	

Form submitted by and date completed	
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Any other relevant information: