



Major Accident Report Form

Name of Tour Operator

Name of Customer

Date of birth / /

Holiday Address

Resort

Period of Travel

UK address

Date of Loss/Illness

Name and address of UK doctor

Insurance reference number

Description of incident leading to injury

Nature of injury or sickness (if an arm or leg injury state whether left or right limb)

Name and address of any witnesses (accident only)

Was anyone else to blame for the accident?

Name and address of hospital, telephone number and fax

Name of treating doctor

Date of admission

Method of travel to resort

Passport details

The above guest has reported this incident to me

Signed: _____ Date: _____

Print name: _____

Official use: