

racingsindustryaccidentbenefit scheme

(riabs) April 2024 – March 2025

Group Scheme for Temporary Total Disablement and Group Capital Benefits Insurance Scheme, For Paid Stable Workers **Claim Form** (six pages)

All claim forms must be sent as soon as possible after the accident and **within three months** from the date of the accident. Send to the administrators by email to riabs@slscrawco.co.uk or by post to : **Crawford SLS, Ground Floor, Exchange Quay, Manchester M5 3EJ** Contact Michelle Dean ☎ 0117 970 5926

1. A claim for injury benefit will only be considered if your injury arose out of and in the course of an accident either:
 - a. whilst carrying out duties for a trainer or
 - b. during a bona fide journey between your normal place of residence and work and
 - c. the claimant is certified to be unable to return to work due to the accident.
2. On acceptance of your claim, benefit is payable under the Racing Industry Accident Benefit Scheme commencing from the 4th day of your incapacity, up to and including the 104th week from the date of the accident, providing that during that time you are certified unfit to return to work as a result of the accident.
3. If you are still disabled 28 weeks after the date of your accident you are advised to notify your local Department of Workers and Pensions (DWP) office with a view to claiming Incapacity Benefit. Telephone 0800 882200 or Textphone 0800 243355 or e-mail: BEL-Customer-Services@dwpgsi.gov.uk online at www.direct.gov.uk/disability-money
4. If you think your injury might have some ill-effect in the future you should, in respect of an accident at work, apply to your local DWP office for a declaration form (Bi100A) to record that it was an industrial accident. www.dwp.gov.uk/advisers/claimforms/bi100a_print.pdf
5. All notifications received from the DWP in respect of any claim you make should be forwarded to Crawford SLS, Loss Adjusters for Racing Industry Accident Benefit Scheme), for scrutiny (these will be returned to you).
6. You are reminded that the purpose of the Racing Industry Accident Benefit Scheme is to maintain your pre-accident net wage (subject to the maximum), with allowance for any statutory benefits. It is therefore important to inform the Loss Adjusters of all statutory benefits which you receive arising from your accident, in order to ensure that no overpayment of benefit is made. In addition you must notify the Loss Adjusters of any partial or phased return to work, and the income so received.
7. In the event of a benefit overpayment arising as a result of incorrect information being supplied to the scheme by the claimant the overpayment will be re-payable in full.
8. It should be noted that no person has any right to receive or require the payment of benefits under the Scheme and that all benefits and payments of benefits are ex-gratia.
9. In the event of death, permanent total disablement from any occupation and partial disablement claims for Death and Capital Benefit will only be considered where a specific request has been made in writing identifying the category under which benefit is sought.

NOTE: Employers are required to pay **Statutory Sick Pay (SSP) for up to 28 weeks** to employees who are unable to work through incapacity due to, inter alia, to bodily disablement.

The amount of SSP varies according to the employee's wage. After 28 weeks employers should complete form SSP1 (http://www.dwp.gov.uk/advisers/claimforms/ssp1_print.pdf) and forward it to the local DWP office. Employees will then receive, from the 29th week, an invalidity benefit direct from the DWP.

Employers are required by the BHA to pay the **first four weeks at full pay**, see the [Memorandum of Agreement](#).

Secretary: Mr P Johnson, National Trainers Federation, 9 High Street, Lambourn, Hungerford, Berkshire, RG17 8XL

Tel: 01488 71719 email: riabs@racehorsetrainers.org www.racehorsetrainers.org

Trustees: Mr J Eddis (Chairman) Lady O'Brien Mrs S Geake Mr G McGrath (NARS) Dr A Simpson

The Racing Industry Accident Benefit Scheme ("RIABS") is a registered charity – number 281686

PART A - TO BE COMPLETED BY CLAIMANT AND TRAINER – please keep pages 1 to 6 together

FULL NAME:	DATE OF BIRTH:
CORRESPONDENCE ADDRESS:	
NATIONAL INSURANCE NUMBER:	TELEPHONE NUMBER:
EMAIL ADDRESS:	STABLE REGISTRATION CARD NUMBER: (this can be found on the trainer pool money sheet or the employee stable pass)
JOB TITLE:	YOUR INCOME: Please confirm that your gross annual income is less than £35,000? YES / NO If you answered NO, please provide details:
<p>ARE YOU AN APPRENTICE OR CONDITIONAL JOCKEY? YES / NO</p> <p>IF THE ANSWER IS YES HOW MANY RIDES DURING CURRENT SEASON ()</p> <p style="text-align: right;">DURING THE PREVIOUS TWO SEASONS () ()</p>	
EMPLOYED BY - TRAINER'S FULL NAME	EMPLOYED BY - TRAINER'S ADDRESS

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Details of claimant's accident

How did the accident happen:

Place of accident:

Nature of claimant's injury:

Date of accident:

Time of accident:

Nature of duties being carried out:

NAME AND ADDRESS OF TRAINER
WHO YOU WERE CARRYING DUTIES OUT FOR IF
NOT YOUR REGISTERED EMPLOYER

DID THE CLAIMANT CEASE WORK IMMEDIATELY
AFTER THE ACCIDENT?

YES OR () (DATE ceased work)

DATE OF CLAIMANT'S EXPECTED RETURN TO
WORK

DWP STATEMENT OF FITNESS FOR WORK - HAS A
STATEMENT OF FITNESS TO WORK BEEN ISSUED?

YES / NO

IF "YES" TO THE ABOVE, IS THE TRAINER ABLE TO
ACCOMMODATE THE CLAIMANT WITH AMENDED
DUTIES OR HOURS?

YES / NO

IF YES THE LOSS ADJUSTERS WILL CONTACT YOU
TO DISCUSS DETAILS

ENCLOSE A COPY OF THE PAYSリップ
(FOR THE WEEK/MONTH PRIOR TO THE ACCIDENT)

A longer duration may be required for part time employees and where
appropriate the loss adjusters will contact you to discuss details.

TICK TO CONFIRM ENCLOSED

GROSS AMOUNT PAYABLE BY WAY OF SSP
(SEE NOTE ON PAGE 1)

£

PER WEEK

IS PAYMENT TO BE MADE TO THE CLAIMANT

YES / NO

IS PAYMENT TO BE MADE TO THE TRAINER

YES / NO

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JOINT DECLARATION BY CLAIMANT AND TRAINER - please keep all six pages together

We hereby declare that the above particulars are true and complete and that the claim is in respect of an accident that occurred whilst carrying out duties for a trainer/bona fide journey between normal place of residence and place of work.

Claimant's Signature..... Date.....

Trainer's Signature..... Date.....

Trainer's Signature Date.....

CLAIMANT SHOULD NOTE that the purpose of the scheme is to maintain the pre-accident net wage (subject to the maximum) - see paragraph 6 on page 1. Any money paid to the claimant by the trainer under the National Agreement (paragraph 3) in advance of the payments received from the Racing Industry Accident Benefit Scheme which result in the claimant being paid more than his/her pre-accident net wage, must be refunded to the trainer. Please also note that the trustees' of RIABS request everyone is respectful and polite to the person dealing with their claim, abusive behaviour will not be tolerated.

HEALTH AND SAFETY HAS THE ACCIDENT BEEN REPORTED TO THE HEALTH & SAFETY EXECUTIVE OFFICE?

ONLINE CLICK HERE - [RIDDOR – REPORT AN ACCIDENT](#) OR Telephone: **0345 300 9923**
(opening hours Monday to Friday 8.30 am to 5 pm)

HAS INDUSTRIAL ACCIDENT DECLARATION FORM BI 100A BEEN COMPLETED? SEE PAGE 1, ITEM 4

Claimants are encouraged to get occupational health support from Racing Welfare -
you can self-refer in the following ways:

- contacting Racing Welfare's Support Line on **0800 6300 443**
- contacting your [local Welfare Officer](#)
- speaking to your employer or GP who can refer you with your consent

When you refer you will be asked some questions, to confirm some basic information in order to verify your identity and take your details. Your consent will also be obtained to take part in the assessment and for your personal information to be processed for that purpose. Any referred treatment will be provided free of charge.

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PART B – MUST BE ACCOMPANIED BY PART A – TOTAL OF SIX PAGES

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(riabs) April 2023 – March 2024

Group Scheme for Temporary Total Disablement and Group Capital Benefits Insurance Scheme, For Paid Stable Workers **Claim Form**

The Scheme is administered on behalf of the NTF by Crawford SLS, 1st Floor, Exchange Quay, Manchester M5 3EJ
Direct Tel: 0117 970 5926 E-mail: riabs@slscrawco.co.uk

CLAIM FOR BENEFIT IN RESPECT OF AN ACCIDENT WHILST CARRYING OUT DUTIES FOR A RACEHORSE TRAINER

PART B - TO BE COMPLETED BY A QUALIFIED DOCTOR OR NURSE PRACTITIONER

1. STATE THE DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE PRESENT INJURIES	DATE:
2. HAVE YOU SEEN THE CLAIMED ACCIDENT CIRCUMSTANCES ON PAGE 2 OF THIS FORM ? YES / NO... IF NO, WHAT DO YOU UNDERSTAND THE ACCIDENT CIRCUMSTANCES TO BE ?	
3. GIVE PARTICULARS OF THE NATURE AND EXTENT OF THE INJURIES :	
4. IS THE CLAIMANT'S INCAPACITY SOLELY DUE TO THE ACCIDENT YES / NO ... IF NO GIVE FULL DETAILS	

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5. DO ANY PRIOR ACCIDENTS, ILLNESSES OR CONDITIONS HAVE A BEARING ON THE LIKELIHOOD OR SEVERITY OF INJURY? YES / NO IF YES GIVE FULL DETAILS

6. PLEASE STATE YOUR OPINION AS TO THE PROBABLE DURATION OF CLAIMANT'S INCAPACITY TO RETURN TO WORK FROM THE DATE OF THIS CERTIFICATE

7. IF A STATEMENT OF FITNESS TO WORK (DWP) HAS BEEN ISSUED PLEASE STATE ADVISED CHANGES

Name: Signature:

Qualifications..... Date Completed:.....

Address:.....

.....

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