



Accident / Injury / Incident Report Form

Probuss Club Name

Club Number

Accident	Injury	Incident (please circle one)
Date of accident / injury / incident		
Time of accident / injury / incident		
<p>Was the event where the accident, injury or incident occurred approved by your Probuss Club? (please circle) Yes / No</p> <p><i>Please note that in the event of an insurance claim, the insurer may require a copy of the minutes where this event was approved by the Probuss Club.</i></p>		
<p>Did the accident / injury / incident occur whilst travelling to or from your Club's approved activity? (please circle) Yes / No</p> <p>Did the accident / injury / incident occur during your Club's approved activity? (please circle) Yes / No</p> <p>Location of accident / injury / incident </p>		
<p>Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity </p>		
<p>Details of injured person</p> <p>Name Membership Number (if applicable)</p> <p>Address Phone Number</p> <p>Email Address.....</p> <p><i>If more than one person was injured as a result of the same incident, please provide their details on a separate page.</i></p>		



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Cause of accident / injury / incident

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Was the Ambulance Service called? (please circle) **Yes / No**

Name of Ambulance Officer in charge of treatment (if known)

Were the Police notified? (please circle) **Yes / No**

If yes by whom?

Name of Police Officer in attendance

Police Station

Witnesses to accident / injury / incident (at least two required)

Name

Address

Phone Number

Name

Address

Phone Number

If any significant delay in reporting this accident, injury or incident, please state reason(s)

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Accident / injury / incident first reported to:	
Name	
Position within the Club	
Address	
Phone Number	
Date Reported	Time
Details of person completing this form (cannot be the injured person)	
Name	
Position within the Club	
Phone Number	
Date	

Please send a copy of this completed form to Probussouthpacific Limited by

Email to general@probussouthpacific.org

Or

Post

Probussouthpacific Limited
PO Box 1294
Parramatta NSW 2124

On receipt of this form, a claim form will be provided to the injured person/s. For details of the coverage provided under the National Insurance Program, please refer to the Club Administration section of Probussouthpacific website which can be accessed with your Probussouthpacific Membership Card number as the login and password.

If you have any questions about this form, please contact the PSPL Team by email or phone.