



Accident/Injury Incident Report Form

Probuss Club Name

Club Number

<p>Accident.....Injury.....Incident..... (please tick one)</p>
<p>Date of Accident / Injury / Incident.....</p> <p>Time of Accident / Injury / Incident.....</p>
<p>Was the event where the accident, injury or incident approved by your Probuss Club?</p> <p>(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>Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Details of injured person(s) (1)</p> <p>Name.....</p> <p>Probuss Club Membership Number (if applicable)</p> <p>Address.....</p> <p>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>
<p>Location of Accident / Injury / Incident</p> <p>.....</p> <p>.....</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 reasons

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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 (only complete if different to the person that the accident, injury or incident was first reported to.	
Name.....	
Address.....	
Phone Number.....	

Please send a copy of this completed form to Probus South Pacific Limited by

Email to reception@probussouthpacific.org

Or

Post

Probus South Pacific Limited
PO Box 1294
Parramatta NSW 2150

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 Probus South Pacific website which can be accessed with your Probus 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.