



PROBUS SOUTH PACIFIC LIMITED

ACTIVE RETIREES™ – Friendship, Fellowship and Fun

Accident/Injury Incident Report Form

Probus Club Name

Club Number

Accident.....Injury.....Incident..... (please tick one)

Date of Accident / Injury / Incident.....

Time of Accident / Injury / Incident.....

Was the event where the accident, injury or incident approved by your Probus Club?

(please circle) Yes/No

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 Probus Club.

Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity

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Details of injured person(s) (1)

Name.....

Probus Club Membership Number (if applicable)

Address.....

Phone Number.....

Email Address.....

If more than one person was injured as a result of the same incident, please provide their details on a separate page.

Location of Accident / Injury / Incident

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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 Probussouthpacific Limited by

Email to reception@probussouthpacific.org

Or

Post

Probussouthpacific 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 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.