



**Accident / Injury / Incident Report Form**

**Probuss Club Name** .....

**Club Number** .....

<b>Accident</b>	<b>Injury</b>	<b>Incident (please circle one)</b>
<b>Date of accident / injury / incident</b> .....		
<b>Time of accident / injury / incident</b> .....		
<p><b>Was the event where the accident, injury or incident occurred approved by your Probuss Club?</b>          (please circle) <b>Yes / No</b></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><b>Did the accident / injury / incident occur whilst travelling to or from your Club's approved activity?</b>          (please circle) <b>Yes / No</b></p> <p><b>Did the accident / injury / incident occur during your Club's approved activity?</b> (please circle) <b>Yes / No</b></p> <p><b>Location of accident / injury / incident</b>          .....          .....</p>		
<p><b>Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity</b>          .....          .....          .....</p>		
<p><b>Details of injured person</b></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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<b>Accident / injury / incident first reported to:</b>	
Name .....	
Position within the Club .....	
Address .....	
Phone Number .....	
Date Reported .....	Time .....
<b>Details of person completing this form (cannot be the injured person)</b>	
Name .....	
Position within the Club .....	
Phone Number .....	Email .....
Date .....	

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

Email to [general@probussouthpacific.org](mailto:general@probussouthpacific.org)

Or

Post

Probus South Pacific 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 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.