

**LIFE ACTIVITIES CLUB VICTORIA INC.**  
***INCIDENT REPORT FORM***

PLEASE FILL IN USING BLOCK LETTERS AND FORWARD THIS COMPLETED FORM TO  
THE INSURANCE SCHEME'S INSURANCE BROKER:  
Mr Noel Whitfield, Operations Manager, Adroit Insurance Group,  
PO Box 359, BENDIGO VIC 3552. (Ph: (03) 5442 1900)

**A: Details of Incident**

When did the incident occur?    Date: ..... / ..... / .....    Time: ..... am ..... pm.

Where did it occur?: .....

What was the Life Activities Club activity or event?: .....

Describe what happened: .....

..... (Attach additional sheets if necessary.)

**B: Details of Person Injured/Who May Develop an Injury (If Applicable)**

Given Name: .....    Family Name: .....    Ph: .....

Address: .....    Post Code .....

**At the time of the incident** this person was:

A member/visitor of Waverley LAC (**Circle one**)

Describe the person's injury (if any):

.....

..... (Attach additional sheets if necessary.)

Signature of person listed above in this **Section B**: .....    Date: .... / .... / .....

(This signature may be omitted if obtaining it would delay the forwarding of the completed form.)

**C: Witnesses**

If there was a witness or witnesses to the incident, please give details for witnesses:

Given Name: .....    Family Name .....    Ph: .....

Address: .....    Post Code .....

(Attach additional sheets if necessary.)

**D. Is a Claim Form Required?**

Does the person listed in **Section B** wish to lodge a claim on insurance now?    Yes     No     (**Tick one**)

If **Yes** is ticked, a Claim Form will be sent to the address given below, immediately this completed **INCIDENT REPORT** form is received by Mr Noel Whitfield.

If **No** is ticked, but a Claim Form is required later, telephone Mr Noel Whitfield (Ph: 5442 1900) and a Claim Form will be sent immediately to the address given below.

Postal or e-mail address to which a Claim Form should be sent:

Name: .....    Address (postal or e-mail): .....

**E: Person Completing this Form**

Given Name: .....    Family Name .....    Ph: .....

Club Position (if any): .....    Signature: .....    Date: .... / .... / .....

**Note:**

1. See the other side for details of the incident reporting and insurance claiming procedures.
2. The originals of any receipts and/or supporting documentation should be retained, for forwarding later should a claim on insurance be lodged.