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

Where did it occur?:		Time: am pm.
What was the Life Activities Clu	b activity or event?:	
		(Attach additional sheets if necessary.)
B: Details of Person Injured	l/Who May Develop an Inj	jury (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 a	• •	
		(Attach additional sheets if necessary.)
		delay the forwarding of the completed form.)
C: Witnesses If there was a witness or witness	es to the incident, please give	details for witnesses:
Given Name:	Family Name	Ph:
Address:		Post Code
D. Is a Claim Form Require		
_	-	surance now? Yes \Box No \Box (Tick one)
If Yes is ticked, a Claim Form <i>REPORT</i> form is received by M		given below, immediately this completed INCIDENT
If No is ticked, but a Claim For will be sent immediately to the a		Mr Noel Whitfield (Ph: 5442 1900) and a Claim Form
Postal or e-mail address to which	h a Claim Form should be sent	:
Name:	Address (postal or e-mail):
E: Person Completing this I	Form	
Given Name:	Family Name	Ph:
Club Position (if any):	Signature:	Date: / /
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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.