



## PSPL Incident Report Form

This form should be completed for any incidents, injuries or accidents associated with an approved Probud activity which includes any event organised by a Probud Club or Association such as meetings, outings, tours, trips and interest groups.

**Probud Club of Windsor INC.**

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_

**Was the activity where the incident occurred approved?** (please circle/highlight) **Yes / No**

*Please note that in the event of an insurance claim, the insurer may require a copy of the minutes where the activity was approved by the Probud Club/Association.*

**Did the activity involve an overnight stay?** ☐ **NO** ☐ **YES**

**If YES to the previous questions, please advise the number of overnight stays**

**When did the incident occur?** (please insert **X** in the appropriate box)

☐ while travelling to or from an approved activity

☐ during an approved activity

**Incident Location:**

\_\_\_\_\_

**Describe the approved activity at which the incident took place:**

\_\_\_\_\_

\_\_\_\_\_

**Details of injured person:**

**Name:** \_\_\_\_\_

**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.*

[illegible]

**Were the Police notified?** (please circle/highlight) **Yes / No**

**This incident was first reported to:**

**Position in Club/Association:**\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date Reported:** \_\_\_\_\_



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If any significant delay in reporting this incident, please state reason(s):

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Please provide details of any witness to the incident:

Name: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Details of person completing this form (cannot be the injured person)

Name: \_\_\_\_\_

Position in Club/Association: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**ONCE COMPLETED, THIS FORM SHOULD BE SENT TO PSPL BY**

Email to [general@probussouthpacific.org](mailto:general@probussouthpacific.org) or post to Probus South Pacific Limited, PO Box 1294, Parramatta NSW 2124.

On receipt of this form, PSPL will contact the injured person/s. For details of the coverage provided under the National Insurance Programs, please refer to the Club Administration section of Probus South Pacific website. If you have any questions about this form, please contact the PSPL Team.