



PSPL Incident Report Form

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

Club/Association Name: _____

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 Probus 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.



PSPL Incident Report Form

Describe the incident that occurred:

Was the Ambulance Service called? (please circle/highlight) Yes / No

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

If yes, please provide Police Event or Reference number: _____

This incident was first reported to:

Name: _____

Position in Club/Association:

Phone Number: _____

Email Address: _____

Date Reported: _____



PSPL Incident Report Form

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

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 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.