



PROBUS SOUTH PACIFIC LIMITED
ACTIVE RETIREES™ – Friendship, Fellowship and Fun

Accident / Injury / Incident Report Form

Probus Club Name : **TENERIFFE PROBUS CLUB INC**

Club Number: **29004406**

Accident	Injury	Incident (please circle one)
Date of accident / injury / incident		
Time of accident / injury / incident		
Was the event where the accident, injury or incident occurred approved by your Probus Club? (please circle) Yes / No		
<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 Probus Club.</i>		
Did the accident / injury / incident occur whilst travelling to or from your Club's approved activity? (please circle) Yes / No		
Did the accident / injury / incident occur during your Club's approved activity? (please circle) Yes / No		
Location of accident / injury / incident		
Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity		
Details of injured person		
Name Membership Number (if applicable)		
Address Phone Number		
Email Address.....		
<i>If more than one person was injured as a result of the same incident, please provide their details on a separate page.</i>		



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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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PROBUS SOUTH PACIFIC LIMITED ACN 152 374 395

Postal Address: PO Box 1294 Parramatta NSW 2124 AUSTRALIA

Australia: 1300 630 488 New Zealand: 0800 1477 6287

Email: admin@probussouthpacific.org Website: www.probussouthpacific.org



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Accident / injury / incident first reported to:

Name

Position within the Club

Address

Phone Number

Date Reported Time

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

Name

Position within the Club

Phone Number

Date

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

Email to 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.