



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

**Accident / Injury / Incident Report Form**

**Probussouthpacific Club Name:** Wentworth Point Probussouthpacific Club Inc

**Club Number:** 9003853

<b>Accident</b> <b>Injury</b> <b>Incident (please circle one)</b>
<b>Date of accident / injury / incident</b> .....
<b>Time of accident / injury / incident</b> .....
<b>Was the event where the accident, injury or incident occurred approved by your Probussouthpacific Club?</b> (please circle) <b>Yes / No</b>  <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 Probussouthpacific Club.</i>
<b>Did the accident / injury / incident occur whilst travelling to or from your Club's approved activity?</b> (please circle) <b>Yes / No</b>  <b>Did the accident / injury / incident occur during your Club's approved activity?</b> (please circle) <b>Yes / No</b>  <b>Location of accident / injury / incident</b> ..... .....
<b>Describe the event at which the accident, injury or incident took place i.e. Club meeting or activity</b> ..... ..... .....
<b>Details of injured person</b>  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>

**PROBUS SOUTH PACIFIC LIMITED** ACN 152 374 295  
**Postal Address:** PO Box 1294, Parramatta NSW 2124 AUSTRALIA  
**Australia:** 1300 630 488 **New Zealand:** 0800 1477 6287  
**Email:** [admin@probussouthpacific.org](mailto:admin@probussouthpacific.org) **Website:** [www.probussouthpacific.org](http://www.probussouthpacific.org)



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

**Cause of accident / injury / incident**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

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)**

.....  
.....  
.....

**PROBUS SOUTH PACIFIC LIMITED** ACN 152 374 295  
Postal Address: PO Box 1294, Parramatta NSW 2124 AUSTRALIA  
Australia: 1300 630 488 New Zealand: 0800 1477 6287  
Email: [admin@probussouthpacific.org](mailto:admin@probussouthpacific.org) Website: [www.probussouthpacific.org](http://www.probussouthpacific.org)



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

**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 Probussouthpacific Limited by**

Email to [general@probussouthpacific.org](mailto:general@probussouthpacific.org)

Or

Post

Probussouthpacific 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 Probussouthpacific website which can be accessed with your Probussouthpacific 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.

**PROBUS SOUTH PACIFIC LIMITED** ACN 152 374 295  
**Postal Address:** PO Box 1294, Parramatta NSW 2124 AUSTRALIA  
**Australia:** 1300 630 488 **New Zealand:** 0800 1477 6287  
**Email:** [admin@probussouthpacific.org](mailto:admin@probussouthpacific.org) **Website:** [www.probusouthpacific.org](http://www.probusouthpacific.org)