

ABN: 66 061 460 248

**INSURANCE REPORT
PUBLIC LIABILITY / PERSONAL ACCIDENT
REPORT OF INCIDENT / ACCIDENT**

This form is to be filled in when there is an incident/accident for the Wodonga Hockey Club office. This is not a claim form. For claims form please see the Wodonga website here:
<https://au.sportscovers.com/claimrequest/pa?client=HockeyAustralia>.

PARTICULARS OF PERSON INJURED/INVOLVED IN INCIDENT/ACCIDENT

Name: _____	Phone: _____
Address: _____	DOB: _____

PERSON REPORTING INCIDENT / ACCIDENT

Name: _____	Phone: _____
Address: _____	Date: _____

DETAILS OF ACCIDENT / INCIDENT

Date: _____	Time: _____	am/pm
Location: _____		

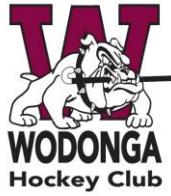
WITNESS TO ACCIDENT / INCIDENT:

Name: _____	Phone: _____
Address: _____	

OFFICER RECEIVING REPORT

Name: _____	Phone: _____
Position: _____	Date Notified

P.O. Box 652 Wodonga VIC 3689 Australia
m. 0437 263 114 e. secretary.wodongahockey@gmail.com



ABN: 66 061 460 248

ADDITIONAL INFORMATION IN RESPECT TO ACCIDENT / INCIDENT

(Attach further information if space is insufficient)

SKETCH OF INCIDENT / ACCIDENT AREA

Draw sketch plan of area applicable to incident / accident. Indicate physical features (eg Roadways, buildings, structures, vegetation etc.)