



# Incident Report Form

Pony Club Australia

## **IMPORTANT INFORMATION AND INSTRUCTIONS:**

- Do not make any public statements or admit fault of any kind.
- Do not say or imply that the incident was your own fault or that of your staff or premises. The completion of this form is not an admission of liability.
- Failure to complete these forms can lead to the loss of insurance support, as these forms may notify of potential Public & Products Liability claims.
- Gow-Gates values your privacy and makes every endeavour to keep your personal details private and secure in accordance with the Privacy Act 1988. For further information on our privacy statement, please visit our website at [www.gowgates.com.au](http://www.gowgates.com.au)
- Please read fully prior to answering questions, all of which must be answered in full.
- Please return completed forms to [equestrian@gowgates.com.au](mailto:equestrian@gowgates.com.au) or GPO Box 4731, Sydney NSW 2001
- If you have any queries, please contact us on:

P: 02 8267 9999

F: 02 8267 9998

E: [equestrian@gowgates.com.au](mailto:equestrian@gowgates.com.au)

## **GENERAL INFORMATION**

1. Insured:			
1. Name of Pony Club:			
2. Date of incident:		3. Time of incident:	
4. Date incident reported:		5. Time incident reported:	
6. Person the incident was reported to:			
7. Location of incident:			
8. Name of person reporting:			
9. Contact phone number:			
10. Event :			
11. Other:			
12. Incident location inspected on:		13. By:	



## INJURED PERSON / OWNER OF THIRD PARTY PROPERTY DAMAGE CONTACT DETAILS

1. Name			
2. Date of birth:			
3. Address:			
4. Phone number:		5. Mobile number:	
6. Was this person a:	Spectator	Participant	Volunteer
7. Next of kin:			
8. Relationship:			
9. Phone number:		10. Mobile number:	

## WITNESS DETAILS 1

1. Name			
2. Address:			
3. Phone number:		4. Mobile number:	
5. Relationship to injured party:			

## WITNESS DETAILS 2

1. Name			
2. Address:			
3. Phone number:		4. Mobile number:	
5. Relationship to injured party:			

## INCIDENT INFORMATION

1. Please describe the following at the times of the incident:

a. Weather conditions:		
b. Ground conditions:		
c. Location of incident	Competition area Parking area Other:	Warm up area General riding area

**PLEASE COMPLETE IF BODILY INJURY WAS SUSTAINED****NATURE OF INJURY**

1. Please mark the appropriate field:

<b>Body part affected</b>	<b>Provisional diagnosis of injury</b>
Head	Concussion
Face / Jaw	Damaged teeth
Neck	Fracture
Shoulder / Upper limb	Dislocation
Chest / Back	Damaged ligament
Abdomen / Pelvis	Ruptured organ - Please specify:
Knee	Laceration (Wound)
Lower limb (Other)	Other - Please specify:

**TREATMENT ADMINISTERED**

1. Describe treatment of injured person:

2. Name and qualifications of person providing treatment:

3. Describe the emotional state of the injured person:

4. Was the injured party hospitalised?

Yes

No

5. Was the injured party kept in over night?

Yes

No

6. Date of admission to hospital:

7. Date of release from hospital:

**FULL DESCRIPTION OF HOW INCIDENT OCCURRED**

## PLEASE COMPLETE IF PROPERTY DAMAGE WAS SUSTAINED

### NATURE OF DAMAGE

1. Item(s) damaged:	
2. Details:	
3. Reported by:	
4. Photos taken by:	

### FULL DESCRIPTION OF HOW INCIDENT OCCURRED

### CLAIM INFORMATION

1. Did you admit liability?	Yes	No
2. Has any formal claim been brought against you by the injured party or the owner of the damaged property?	Yes	No

### DECLARATION

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

Name:	
Signature:	
Date:	