

INCIDENT REPORT FORM

30 June 2014 - 30 June 2015



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.

Insured:			
Name of Pony Club:			
Date of incident:		Time of incident:	
Date incident reported:		Time incident Reported:	
Person the incident was reported to:			
Location of incident:			
Name of person reporting:			
Contact number:			
Event :			
Other :			
Incident Location Inspected on:		By:	

Injured Person / Owner of third party property damage contact details

Name:			
Date of Birth:			
Address:			
Phone No:		Mobile:	
Was this person a:	<input type="checkbox"/> Spectator	<input type="checkbox"/> Participant	<input type="checkbox"/> Volunteer
Next of Kin:			
Relationship:			
Phone No:		Mobile:	

Witness Details 1

Name:			
Address:			
Phone No:		Mobile:	
Relationship to injured party:			

Witness Details 2			
Name:			
Address:			
Phone No:		Mobile:	
Relationship to injured party:			

Incident information		
Please describe the following at the times of the incident:		
Weather conditions:		
Ground conditions:		
Location of incident:	Competition Area	Warm Up Area
	Parking Area	General Riding Area
	Other	

PLEASE COMPLETE IF BODILY INJURY WAS SUSTAINED

NATURE OF INJURY			
Please mark the appropriate field –			
BODY PART AFFECTED		PROVISIONAL DIAGNOSIS OF INJURY	
HEAD		CONCUSSION	
FACE/JAW		DAMAGED TEETH	
NECK		FRACTURE	
SHOULDER/UPPER LIMB		DISLOCATION	
CHEST/BACK		DAMAGED LIGAMENT	
ABDOMEN/PELVIS		RUPTURED ORGAN (Specify)	
KNEE		LACERATION (Wound)	
LOWER LIMB (OTHER)		OTHER (Specify)	

TREATMENT ADMINISTERED	
Describe treatment of injured person:	
Name & qualifications of person providing treatment:	
Describe the emotional state of the injured party at the time:	
Was the injured party hospitalised?	
Was the injured party kept in over night?	
Date of admission to hospital:	
Date of release form hospital:	

Full description of how incident occurred:

PLEASE COMPLETE IF PROPERTY DAMAGE WAS SUSTAINED:

NATURE OF DAMAGE	
Item(s) damaged:	
Details:	
Reported By:	
Photos taken by:	

Full description of how incident occurred:

Did you admit liability? YES NO
Has any formal claim been brought against you by the injured party or
the owner of the damaged property? YES NO

Signed by person completing the form: _____

Date: _____

Upon completion of this form, please forward a copy to Gow-Gates via email: equestrian@gowgates.com.au or mail: GPO Box 4731, Sydney, NSW, 2001.

For assistance in completing this report, please contact Gow-Gates Insurance Brokers on (02) 8267 9999/ 1800 811 371. Or visit the website www.gowgates.com.au.

NOTE: Failure to complete these forms can lead to the loss of insurance support, as these forms may notify of potential Public & Products Liability claims.