

# Official Report

PLEASE ENSURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED



**PLEASE NOTE:**  
 These questions must be completed by an authorised office bearer of the insured Club/Association (eg: President, Treasurer, Secretary).

The Team sheet or Injury Report is a separate document.

**INCIDENT REPORT**

**CLAIMANT'S NAME**

**Date of Injury**

- |  |      |            |           |
|--|------|------------|-----------|
| 1. Name of Association   | Club |            |           |
| 2. Was the player, listed above, registered at the time of the accident?             |      | <b>Yes</b> | <b>No</b> |
| 3. Were you a witness to the accident described <i>(If Yes, please give details)</i> |      | <b>Yes</b> | <b>No</b> |

If you were not a witness, are you satisfied the player was injured on the above date whilst participating in a club game or training session?	<b>Yes</b>	<b>No</b>
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If **No**, please give reasons

**DECLARATION BY AN AUTHORISED OFFICE BEARER**

I certify that the particulars shown on this form are, to the best of my knowledge, true and correct and hereby authorise this claim to be paid directly to *(Claimant)*.

Signature

Date

Print Name

Position

Address

Suburb

State

Post Code

**Policy Number (if known)**

Telephone

**Note: A copy of the Team sheet, Scoresheet or Injury Report will need to be supplied to Sportscover.**