

This form is designed to flag to your insurers any possible incident which may lead to a claim under the Public Liability and Professional Indemnity policies that the Rugby Body holds. Early notification to insurers is essential and this form is designed to assist your Rugby Body in collecting the relevant incident information.

Incidents which may necessitate the completion of this form include injuries not sustained in a match (i.e. to spectators), property damage and any incident which leads to an allegation of negligence or impropriety on behalf of the Rugby Body or its members.

Please complete the above notification in the above circumstances and keep on file (archive electronically or physically so that it is retrievable if required). It will also be beneficial to record and maintain any other records of the incident such as photos or video if available. If you suspect a liability claim will eventuate, send this form to Gow-Gates.

If any allegation or demand is received, you should contact Gow-Gates Insurance Brokers immediately on 1800 811 371 or rugbyins@gowgates.com.au

## Remember in all circumstances – DON'T ADMIT LIABILITY

### 1. Background Information

Rugby Body: \_\_\_\_\_ Date/Time of report: \_\_\_\_\_  
Location: \_\_\_\_\_ Date/Time of incident: \_\_\_\_\_  
Name of person reporting: \_\_\_\_\_  
Contact details Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete either question 2 or 3

### 2. Personal Injury

Injured person: \_\_\_\_\_  
Role (spectator, volunteer etc): \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_  
Contact details Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Nature of injury** (please tick appropriate box)

Body Part Affected	Provisional Diagnosis of Injury	Additional Comments:
<input type="checkbox"/> Head	<input type="checkbox"/> Concussion	
<input type="checkbox"/> Face/Jaw	<input type="checkbox"/> Damaged Teeth	
<input type="checkbox"/> Neck	<input type="checkbox"/> Fracture	
<input type="checkbox"/> Shoulder/Upper Limb	<input type="checkbox"/> Dislocation	
<input type="checkbox"/> Chest/Back	<input type="checkbox"/> Damaged Ligament	
<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> Internal	
<input type="checkbox"/> Knee	<input type="checkbox"/> Laceration (Wound)	
<input type="checkbox"/> Lower Limb (Other)	<input type="checkbox"/> Other (Specify)	

### 3. Property Damage

Items Damaged: \_\_\_\_\_ Property Owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Incident Details

1) Description of Location (i.e. car park, grandstand, field, canteen): \_\_\_\_\_

2) Type of incident (i.e. slipped and fell, tripped on stairs, struck by ball): \_\_\_\_\_

3) Description of the circumstances of the incident \_\_\_\_\_

\_\_\_\_\_

4) Record of incident (i.e video): \_\_\_\_\_

\_\_\_\_\_

### 5. Witness Details

**Name (witness #1):** \_\_\_\_\_

Contact details Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Eye Witness:  YES  NO Relationship to injured party: \_\_\_\_\_

**Name (witness #2):** \_\_\_\_\_

Contact details Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Eye Witness:  YES  NO Relationship to injured party: \_\_\_\_\_

**Name (witness #3):** \_\_\_\_\_

Contact details Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Eye Witness:  YES  NO Relationship to injured party: \_\_\_\_\_

Attach list of any other witnesses if appropriate.