Sportscover Australia Pty Ltd
A.C.N. 006 637 903
A.B.N. 43 006 637 903
AFS Licence No. 230914

Official Report

PLEASE USE BLOCK LETTERS | 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. The Team sheet or Injury Report is a separate document.

PART 6 – 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? **Yes** **No**
3. Were you a witness to the accident described *(If **Yes**, please give details)* **Yes** **No**

_____

_____

_____

_____

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? **Yes** **No**

If **No**, please give reasons _____

_____

_____

PART 7 – 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 _____ Telephone _____