



ACCIDENT REPORT FORM



Contact details of injured party

Name..... Age.....
 Address.....
Post Code.....
 Contact telephone number..... E-mail.....
 Present grade Licence number..... Expiry date
 Club location..... Instructor

Incident details

Location..... Time.....Date.....
 Injury
 Circumstances.....

 Treatment & follow-up action.....

Witness contact details and testimony

Name..... Age.....
 Address.....
Post Code.....
 Contact telephone number..... E-mail.....

Comments;.....

 Instructor, please add any additional comment to the rear of this form.

Instructor signature date

NB Details on this form to be forwarded to the Insurer’s office within 48 hours of an incident.