**INCIDENT REPORT**

**INSTRUCTIONS:**

1. This form is used to report any incident involving UniSA Sport members participating in any approved UniSA Sporting

club activity.

1. The person reporting the incident should complete all sections of the form and return to:

Mail: Attn: Deanna kennedy, UniSA Sport, GPO Box 2471, Adelaide, SA, 5001

Email: unisasport@unisa.edu.au

1. Upon receiving the completed form, UniSA Sport should scan the form and email to insurance@unisa.edu.au.

**INFORMATION:**

UniSA Sport members are provided with Personal Accident insurance as part of their membership to cover them while participating in any approved UniSA Sporting club activity. This insurance is designed to cover death, disablement or loss of income following an accident. Limited cover is provided for medical expenses, but does not apply to any part of an expense that is wholly or partially claimable through Medicare or private health cover. UniSA Sport is not responsible for expenses incurred by a member that is not recoverable from insurance (e.g. policy excesses, losses above insured limits).

For enquiries regarding insurance benefits or to enquire about making an insurance claim, please contact: UniSA Insurance Office

insurance@unisa.edu.au, Ph: 8302 1678

**Injured persons should be directed to seek appropriate medical care in a public hospital or clinic**

**(unless they hold their own private hospital cover).**

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| **PERSON INVOLVED IN THE INCIDENT** |
| **Name:** |  | **DOB:** |  |
| **Student ID:** |  | **Gender:** | M / F |
| **Email:** |  | **Phone number:** |  |

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| **PERSON REPORTING THE INCIDENT (if different from above)** |
| **Name:** |  | **Phone Number:** |  |

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| **INCIDENT DETAILS** (attach a separate page if more space is required) |
| **Date of incident:** | **Time of incident am/pm:** |
| **Club involved:**  | **Event/Activity:** |
| **Address / Location where incident occurred:** |
| **Witness name and position:** |
| **Witness address and phone:** |
| **Incident description:**(Include what was happening at the time the incident occurred and who else was involved etc). |
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| **Location and nature of any bodily injury:** |
| **Description of action taken (first aid/medical):** |
| **Signature of Person Involved:** |  | **Date:** |
| **Signature of Person Reporting(if different from above):** |  | **Date:** |
|  |
| **UNISA SPORT OFFICE USE ONLY** |
| Form reviewed by (staff member name):  |  |
| Any follow-up action required: |  |
| Date forwarded to Insurance Office: |  |