



NOTIFICATION OF ACCIDENT OR INCIDENT

PLEASE NOTE THAT NO LIABILITY IS TO BE ADMITTED

Please click the cursor inside the box and type or print clearly with a black pen

DETAILS OF INJURED OR THIRD PARTY

Preferred Title:	Given Names:	Surname:
Address:		Date of Birth: / /
State:	Postcode:	Email:
Phone (BH): ()	Mobile: ()	
Phone (AH): ()	Fax: ()	
Membership No:		Expiry: / / 20

DETAILS OF ACCIDENT OR INCIDENT

Location:	Date: / / 20
Time:	
Is this a Guide Property? YES NO	If not, who owns the property?
Account of the accident or incident:	
Details of medical treatment or repairs required:	
Names and addresses of witnesses: 1. 2. 3.	
Other information related to incident:	

Please complete reverse side of this form

DETAILS OF LEADER OR LEADER IN CHARGE

Preferred Title:	Given Names:	Surname:
Address:		Date of Birth: / /
State:	Postcode:	Email:
Phone (BH): ()	Mobile: ()	
Phone (AH): ()	Fax: ()	
Membership No:		Expiry: / /20

EXPLANATORY NOTES

1. It is a requirement of our Public Liability Policy that all incidents are to be reported to our insurers as soon as possible and Units are to use this form to notify State organisations of occurrences involving bodily injuries or damage to third parties' property.
2. Three copies of this form are to be completed as soon as possible after the incident - one to be held by the District Leader and the other two sent to the State Executive Officer. The State Executive Officer will send one of these copies to the National Executive Office immediately for notification of insurers.
3. Notes about public liability: The Guides Australia Public Liability Policy indemnifies the organisation in respect of its legal liability for personal injury and for damage to the property of a third party. Liability can result from negligence that causes bodily injury or damage to other people's property. Liability can result from the organisation's property causing bodily injury to a third party or damage to the property of a third party. This form should be completed for all accidents or incidents that occur during Guiding activities.

Completed form to be forwarded to the State Executive Officer and District Leader.