

# Accident Report Form



This form should be completed for all incidents as soon as possible, regardless of whether or not medical treatment is given.

This is not an insurance claim form. Once completed, a copy should be emailed to [competitions@netball.im](mailto:competitions@netball.im) at Isle of Man Netball and a copy should be retained and filed for future reference.

In order to make a claim under the insurance policies all incidents must be reported within 14 days of the initial accident, so it is important that this form is completed at your earliest convenience.

## 1. DETAILS OF PERSON INVOLVED

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FULL DETAILS OF INJURIES: \_\_\_\_\_

TREATMENT RECEIVED: \_\_\_\_\_

## 2. ACCIDENT / INCIDENT

EVENT & VENUE: \_\_\_\_\_

LOCATION WITHIN VENUE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

To support your description, you may wish to complete a diagram on a separate piece of paper

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### 3. DETAILS OF PROPERTY DAMAGE *if applicable*

PROPERTY OWNER'S NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

DETAILS OF DAMAGE: \_\_\_\_\_

### 4. WITNESSES *if available*

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

### 5. ANY ADDITIONAL COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ YOUR NETBALL ROLE AT THIS EVENT: \_\_\_\_\_