

## ACCIDENT REPORT

*This form is to be completed by a Group Convenor, Property Owner or Committee Member and should be retained by the u3a Secretary for three years in case of a claim.*

### 1. Your details

Name: Address:	Position: Telephone: email:
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### 2. Accident/Incident details

Date & time :	Location :
Circumstances of accident/incident :	

### 3. Injured party or property owner details

Name : Address :	u3a member Y/N Telephone : email :
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### 4. Other person(s) involved in the incident details

Name : Address :	u3a member Y/N Telephone : email :
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### 5. Details of witness(es)

Name: Address:	Telephone: email:
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### 6. Injury or property damage details

Description :
Immediate action taken :
Details of any specialised treatment/assistance at the scene :
Admission to hospital/ongoing treatment :

### 7. Declaration

*I declare that to the best of my knowledge all the particulars herein are true and correct.*

Signed:

Date: