

# AUSTRALIAN ASSOCIATION OF LIVE STEAMERS

## Incident Report

*The issue of this Form is not an admission of liability, and is issued without prejudice.*

PLEASE COMPLETE IN CAPITAL LETTERS THROUGHOUT.

Clubs/Societies Name:.....

Address:.....

..... Post Code.....

Secretary:..... Phone No.....

Mobile No. .... E-mail.....

Name of member involved:.....

Driver Involved.....

Guard Involved.....

1. Particulars of Incident—Date..... Time.....am/pm

2. Where did the incident happen.....

3. State clearly how the incident occurred: .....

.....

.....

*(If insufficient room, please attach a separate sheet of paper.)*

4. Have you received any intimation that a claim will be made upon you? .....

5. A. Was the incident reported to Police? .....

B. Name of Officer..... Police Station notified.....

**6. Witnesses:**

Name ..... Address .....

Name ..... Address .....

**7. Injury to persons**

Name ..... Age..... Phone No.....

Address.....

Nature of Injury.....

**8. If damage caused to property:**

A. Owner's Name..... Phone No.....

Address.....

B. Description of property damaged.....

C. Nature of Damage..... Estimated Cost \$.....

All communication received from parties in this occurrence or their representatives should be immediately forwarded to the Insurance Officer, AALS unanswered. Do not admit Liability nor reveal to the third party that you are insured.

I HEREBY DECLARE AND WARRANT THAT THE FOREGOING PARTICULARS ARE TRUE.

Date:..... Club Secretary Signature.....

**PLEASE ATTACH ANY STATEMENTS OR RELEVANT PAPER WORK**