

SPEEDWAY AUSTRALIA ACCIDENT/INCIDENT REPORT FORM

Please complete <u>in full</u>, providing as much information as possible The completed form should be sent without delay to:

Speedway Australia PO Box 269 Stepney 5069 or email: admin@speedwayaustralia.net.au

Track Details	Name of InsuredName of Track
	Telephone No Facsimile No
	Address/Location of track
	Date of IncidentTime of Incident
	Completed ByOfficial Position
Third Party Details	Full Name
	Surname Given Names
	Approximate Age Male/Female
	Address
	Contact No. (Home) (Work) (Mobile)
	Occupation:
	Competitor Yes \circ No \circ Race Division
	Spectator Yes \circ No \circ Other
	Spectacles/Contacts Yes/No Walking Aid Yes/No Other Impediments?
	If Accompanied, by whom
	Third Party version of events
	Did Third Party admit fault? Yes o No o
Child	Aged under 18 years?Yes \circ No \circ Accompanied by an AdultYes \circ No \circ
	If accompanied by an Adult: Relationship?
	Adult Name
	Address
	Telephone
Method	In Person \circ Telephone \circ *Letter \circ Other \circ Date Reported
Reported	Third Party o Other o Name Telephone No
	Notes Eyewitness(es) No o Yes o Name(s)
	Telephone No
	*PLEASE ATTACH A COPY OF ANY CORRESPONDENCE RECEIVED
	PLEASE HAVE ANY EYEWITNESS(ES) COMPLETE THE WITNESS STATEMENT



SPEEDWAY AUSTRALIA ACCIDENT/INCIDENT REPORT FORM (Cont)

Cause	Racing Accident Yes/No Spillage \circ Hit an Object \circ Driver(s) error \circ
	Equipment • Other: Please Specify
	Track Condition
	What form of lighting illuminated the area? Natural \circ Lights \circ
Treatment	Medical attention provided? No \circ Yes \circ By Whom Detail treatment given
	Status after incident (went home/continued)
	Transport Arranged? No \circ Yes \circ Ambulance \circ To Where
Other Party Details	Did the incident involve any other party or parties? Competitor • Staff • Other
	Company Name
	Name
	AddressPhone Number
	Reason for attendance at Premises
Property Damage	Name of Owner
8	Address
	Describe the property damaged
	Describe how damage occurred
	What is the estimated cost of repair orreplacement



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Diagram	Please provide a sketch diagram showing location of injured party and/or damaged property
	in conjunction with track, fencing and other relevant features.
	Privacy Notice
	We may also disclose your personal information (including health and other sensitive information) to insurance intermediaries for purposes which may include arranging insurance, arranging reinsurance,
	claims management, and risk management. In turn, those intermediaries may disclose this information
	as necessary to other organisations - both in Australia and overseas - such as their related companies,
	insurers, reinsurers, and other insurance intermediaries. They may also disclose this information as
	needed to employers, health workers, investigators, lawyers, loss adjusters, and to government
	departments if they are required by law to do so.
	I confirm that this or a similar notice complying with the Privacy Act has been given to
	the parties from whom personal, sensitive or health information is being obtained.
	(signed by the client's representative filling in the incident report form)
Conclusion	
Contrasion	SIGNATURE Print Name
	DATE