



MODEL AERONAUTICAL ASSOCIATION OF AUSTRALIA

INCIDENT REPORT FORM

The issue of this form is not an admission of liability and is issued without prejudice

PLEASE COMPLETE IN CAPITAL LETTERS THROUGHOUT

CLUB'S NAME

ADDRESS

POST CODE PHONE MOBILE EMAIL:

NAME OF MEMBER INVOLVED PHONE

MEMBER'S ADDRESS

..... POST CODE MEMBERSHIP NO. AUS

PHONE..... MOBILE EMAIL

1. **PARTICULARS OF INCIDENT:** Date Time AM/PM

2. Where did the incident happen?

3. State clearly how the incident happened

.....
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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 Name

Address Address

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7. **IF DAMAGE CAUSED TO PROPERTY:**

a) Owner's Name

Address

b) Description of property damaged

c) Nature of damage Estimated Cost \$

8. **INJURY TO PERSONS:**

a) Name Age Nature of Injury

.....

Address

ALL COMMUNICATIONS RECEIVED FROM PARTIES IN THIS OCCURRENCE OR THEIR REPRESENTATIVES SHOULD BE IMMEDIATELY FORWARDED TO THE COMPANY 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 report on the back of this form if space is insufficient.