

## INJURY REPORT FORM

National Office: p. 02 6212 2800 | f. 02 6212 2822 | Suite 1/18 Napier Close, Deakin ACT 2600 www.austouch.com.au | Touch Football Australia Inc | IA 1092 | ABN 55 090 088 207

This form must be completed for all injuries which occur at Touch Football Australia affiliated associations or events. The injury form and game sheet must be forwarded to Sportscover within 30 days from the date of injury for a claim to be recognised. This is particularly important from an insurance prospective, to assist in streamlining injury claims.

1. Recommended Injury Action Plan	4. Injury
	Nature of Injury:
Step 1:	
R - Rest the injured area I-Ice (20mins on, 20mins off for 48hrs minimum)	
C - Compress the injured area (eg. with a bandage)	
E - Elevate the injured area above heart level	Brief Report of How Injury Occurred: *
Step 2:	
Complete all areas on this form (as soon as practical on the date the injury occurs) with assistance from a representative of your affiliate and attach a photocopy of the game sheet with record of the injury.	* Attach further information on separate page if insufficient room.
Step 3:	
·	5. Injured Participant Declaration
Complete the Sports Claim Form Request.  Sportscover will then communicate with you directly.	To the best of my knowledge, the above details surrounding my
	injury are true andaccurate.
	Signature:
	Date: / /
	6. Affiliate Representative Declaration
2. Personal Details	To the best of my knowledge, the details surrounding the injury are
Name:	true and accurate. The injured participant is a registered and
	financial member of our association.
Address:	Name of Affiliate Representative:
P/C	name of Affiliate Representative.
Contact Phone Numbers:	Position (e.g. committee member):
H	rosition (c.g. committee member).
M F	Affiliate Name:
Email:	Affiliate COC Number:
Linux	Signature:
3. Incident Report Details	
	Date: / /
Date: / / Time: am/pm	Contact Phone Numbers:
Team Name:	H
Opposition Team Name:	M F
Venue: Field Number:	Email:
	80 100 100 100 100 100 100 100 100 100 1

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