

## 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.

I. Recommended Injury Action Plan	4. Injury
Step I:	Nature of Injury:
R – Rest the injured area	
I – 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.
Cian 0-	Actach future information on separate page it insufficient room.
Step 3:	5. Injured Participant Declaration
Log onto <a href="www.austouch.com.au">www.austouch.com.au</a> , under the "Membership" section, click on "Insurance", then click "Insurance Claim Application Form – Sports	To the best of my knowledge the above details surrounding my
Cover" (this will take you to the Sportscover website),	To the best of my knowledge, the above details surrounding my injury are true and accurate.
Alternatively, call 1300 134 956 .	Signature:
Step 4:	Date: / /
Complete the Sports Claim Form Request.	Date. / /
Sportscover will then communicate with you directly.	
	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	rame of Admiace representative.
Contact Phone Numbers:	Position (e.g. committee member):
H W	rosition (e.g. committee member).
M F	ACCIONA NAME OF THE PROPERTY O
	Affiliate Name:
Email:	Affiliate COC Number:
	Signature:
3. Incident Report Details	Date: / /
Date: / / Time: am/pm	Contact Phone Numbers:
Team Name:	H
Opposition Team Name:	M
Venue: Field Number:	Email:
Ticid (valide).	
Sportscover Australia Phy Ltd.   Active Underwriting S	Prociplists Supports Change

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