

## PERSONAL ACCIDENT REPORT

**Form to be completed by member claiming PA Insurance**

<b>Members Name</b>		<b>Date:</b>	
<b>AERA Division</b>		<b>Phone:</b>	
<b>Membership No</b>		<b>Email:</b>	
<b>Address of Member</b>			

<b>Accident Report</b>
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<b>Date:</b>		<b>Time:</b>		<b>Place of Accident</b>	
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<b>Nature and Description of Accident:</b>
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**Did this accident occur during the following activities:**

(Tick appropriate box)

**Recreational:**      YES

**Commercial:**      YES

Note: Commercial is considered any activity associated with the preparation of a horse for any Commercial Equine Business.

<b>Members Signature:</b>		
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**Note: This form is to be completed and returned to the AERA Insurance Officer for record and issuing an Insurance claim form.**

**Address to return Accident Report:**

**The AERA Insurance Officer, Dee Berry**  
 PO BOX 618 Gympie 4570  
 Phone/Fax (07) 5483 6540  
 email qera-registrar@aera.asn.au