



Insurance Incident Report Form

Member's name	
Member's address and contact phone number	
Date of incident	
Name of event at which incident occurred and contact details of promoting club/organiser (if any)	
Describe the incident and nature of injuries/damage	
Relevant details of third parties involved (names, contact details, registration numbers etc.)	
Contact details of any witnesses	
Give full details of Garda/PSNI presence if involved	
If hospitalisation was required give full details	

I confirm that the above details are, to the best of my knowledge, true:

Signed (by member): _____ Date: _____

Notes:

1. Completed form to be emailed to info@racquetball.ie
2. Claims can only be made by current members as at the date of the incident.
3. Please check policy schedule as regards current excess amounts. All claims must go through your Private Health Insurance provider first. Receipts must be produced for all claims.