

PERSONAL ACCIDENT REPORT
Form to be completed by member claiming PA Insurance

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| Members Name | | Date: | |
| AERA Division | | Phone: | |
| Membership Number | | Email: | |
| Address of Member | | | |

| Accident Report | | | |
|-----------------|--|--------------------------|--|
| Date: | | Time: | |
| | | Place of Incident | |

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| Nature and Description of Accident: |
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| <p>Did this accident occur during the following activities: (Tick appropriate box)</p> <p>Recreational: YES <input type="checkbox"/> Commercial: YES <input type="checkbox"/></p> <p>Note: Commercial is considered any activity associated with the preparation of a horse for any Commercial Equine Business.</p> |
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| Members Signature: | |
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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.

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| Address to return Accident Report: | The AERA Insurance Officer PO BOX 618 Gympie QLD 4570 Email: qera-registrar@aera.asn.au |
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