

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

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

Accident Report			
Date:		Time:	Place of Incident

Nature and Description of Accident:

<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>

Members Signature:	
<p>Note: This form is to be completed and returned to the AERA Insurance Officer for record and issuing an Insurance claim form.</p>	
<p>Address to return Accident Report:</p>	<p>The AERA Insurance Officer PO BOX 618 Gympie QLD 4570 Email: qera-registrar@aera.asn.au</p>