

PERSONAL ACCIDENT REPORT

Form to be completed by member claiming PA Insurance

Members Name		Date:	
AERA Division		Phone:	
Membership No		Email:	
Address of Member			

Accident Report

Date:		Time:		Place of Accident	
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Nature and Description of Accident:

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.

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.

Address to return Accident Report:

The AERA Insurance Officer
 Dee Berry
 PO Box 129
 KILKIVAN QLD 4600