

To be completed in cases where an injury is serious and could result in a claim on the scheme.

Minor injuries such as sprains, abrasions, cuts, bruises and dental injuries need not be advised.

DETAILS

Name of injured person

Address

Suburb

State

Postcode

Date of birth (DD/MM/YYYY)

Date of accident (DD/MM/YYYY)

Telephone number

Email

Club

Grade played

Opposition team

Injury received

Name of doctor

Address of doctor

Suburb

State

Postcode

Signature of injured person

Date (DD/MM/YYYY)

Name of guardian if injured person under 18

Telephone number

Signature of guardian or family member

Date (DD/MM/YYYY)

Name of verified club official

Telephone number

Position in club

Signature of verified club official

Date (DD/MM/YYYY)

Please send the completed form to:

NSW Sporting Injuries
92-100 Donnison Street
Gosford NSW 2250
Telephone: **1800 221 960**
Email: wiclaims@icare.nsw.gov.au