



## Australian Trainers' Association Public Liability and Professional Indemnity Claim Form

**UNDER YOUR POLICY CONDITIONS YOU ARE REQUIRED NOT TO ADMIT TO LIABILITY  
OR OFFER TO PAY OR NEGOTIATE ANY CLAIM SETTLEMENT  
WITHOUT THE WRITTEN AGREEMENT OF YOUR INSURERS**

Name of Trainer: ..... ATA Membership No.....  
 Address: .....  
 Phone: ..... E-Mail: .....

### Incident Report of Injury, Damage or Threat of Legal Action

1. Date of happening: .....
2. Exact place of happening: .....
3. What happened ?  
 .....  
 .....
4. Did any conversations relevant to the accident take place at the scene and, if so, please relate these to the best of your recollection (*if necessary, enclose a separate page*).  
 .....  
 .....
5. Was anyone injured ? NO [ ]      YES [ ]  
 If yes:  
 (a) Who was injured ? .....  
     Their address: .....  
 (b) Their relationship with Trainer  
     (*Family Member / Employee / etc.*) .....  
 (c) Injuries sustained .....
6. Was a horse involved ? NO [ ]      YES [ ]  
 If yes  
 (a) Name of Horse: .....  
 (b) Name of Owner or Manager: .....  
     Address: .....  
 (c) Do you have a share in the horse ? NO [ ]      YES [ ]  
     If yes, state percentage: .....%  
 (d) Who was in charge of the horse at the time ?  
     Name: .....  
     Strapper/Stablehand [ ]      Apprentice [ ]      Jockey [ ]  
     Trackwork Rider [ ] (Please specify whether Casual Employee or Contractor) .....  
     Other [ ] Please explain.....  
 (e) Was the horse injured ? NO [ ]      YES [ ]  
     If yes:  
     Nature of injury: .....

**Please Complete Reverse Side Also**

7. Was a motor vehicle involved ? NO [ ] YES [ ]

If yes:

(a) Name of owner: .....

(b) Make / Description / Registered Number: .....

(c) Was the vehicle insured ? If so, with whom .....

8. Were the Police notified ? NO [ ] YES [ ]

If yes:

Address of Police Station: .....

Date Reported: ..... Name of Attending Officer: .....

Police Report Number: .....

9. Were there any witnesses to the happening ? NO [ ] YES [ ]

If yes:

(a) Name of Witness: .....

Address: .....

Phone Number: .....

(b) Name of Witness: .....

Address: .....

Phone Number: .....

*Please attach Witness Statements if possible.*

10. Has any one either verbally, or in writing, indicated that they have, or may make, a claim against you ? NO [ ] YES [ ]

If yes:

Whom has threatened a claim ? .....

Name: .....

Address: .....

Amount Claimed: .....

For What: .....

11. When did you first become aware a claim may be made against you.  
.....

**DECLARATION**

I declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Signed: .....

Date: .....

**PLEASE RETURN TO: John Alducci  
john.alducci@marsh.com**

**All Enquiries to John Alducci: Mobile: +61 412 435 369  
Email: john.alducci@marsh.com**