

Swim Ireland Accident/Incident Report Form - 2010

Details of the Accident

Please complete as fully as possible at the time of the accident and forward to the Swim Ireland Office immediately. Insurance cover can be adversely affected if notification of accidents is not made quickly.

Name of injured person: _____

Address: _____

Date of Accident: _____ Time of Accident: _____ am/pm

Address at which accident occurred: _____

Do you own the premises: Yes ___ No ___

Please provide full details of the Accident: _____

Was the accident witnessed? Yes ___ No ___

If the accident was witnessed, advise the name(s) and address(es) of witness(es):

When was the accident reported and to whom:

Advise the name and address of third party:

Advise details of injuries/damage sustained by the third party:

Declaration: *I/We hereby declare that the statements on this form and information provided in addition are true and complete, to the best of my/our knowledge and belief.*

Signature(s): _____

Date: _____

PLEASE: RETURN THIS FORM TO SWIM IRELAND @ admin@swimireland.ie
(TITLE: Incident Report)