



# Race Horse Trainers 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: .....  
Address: .....  
Phone: ..... Fax: .....  
Mobile: ..... E-Mail: .....

## Incident Report of Injury or Damage

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 so:  
(a) Who was injured ? .....  
Their address: .....  
(b) Their relationship with Trainer  
*(Family Member / Employee / etc.)* .....
6. Was a horse involved ? NO [ ]      YES [ ]  
If so:  
(a) Name of Horse: .....  
(b) Name of Owner or Manager: .....  
Address: .....  
(c) Do you have a share in the horse ? NO [ ]      YES [ ]  
If so, state percentage: .....%  
(d) Who was in charge of the horse at the time ?  
Name: .....  
Relationship to Trainer: .....  
(e) Was the horse injured ? NO [ ]      YES [ ]  
If so:  
Nature of injury: .....



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

If so:

- (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 so:

- Address of Police Station:
Date Reported: Name of Attending Officer:
Police Report Number:

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

If so:

- (a) Name of Witness: Address: Phone Number:
(b) Name of Witness: Address: Phone Number:
(c) 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 so:

- 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: Attention Mike Kirby
Australian Trainers' Association
Level 1, 400 Epsom Rd, Flemington Vic 3201

Telephone: (03) 9372 1688
Facsimile: (03) 9372 1699

## PRIVACY STATEMENT

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We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as assessors and call centres), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside Australia.

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