



Australian Stock Horse
SOCIETY

Public Liability Accident Report



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ABN 35001440437

Report Details

Committee Name _____

Address _____

Contact Person _____

Phone number (Daytime) _____

(Evening) _____

Date of accident / /

Time of accident

am/pm _____

State exactly where accident occurred

Give detailed account of accident, stating as fully as possible the nature and result (attach separate sheet if required)

Witness Name _____

Witness Name _____

Witness Address _____

Witness Address _____

Have the Police any report on the matter? Yes/No _____

If 'Yes'

Name of Police Officer _____

Name of Police Station _____

Phone number _____

Give full particulars of any personal injury, names, addresses and telephone numbers

Signature _____

Date _____

CONTACT US



Telephone

02 6545 1122



Facsimile

02 6545 2165



Address

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