supplementary sporting injuries benefits scheme

sporting injuries

notice of serious injury or death school child or nsw sport and recreation participant

sch 1 form 3 [rule 3A & 3B]

This form is to be completed by an official representative of the prescribed organisation, the injured person, or the legal personal representative of the deceased person, in all cases of incidents involving serious injury or death that could result in a claim on the scheme.

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

This form is to be lodged with NSW Sporting Injuries as soon as possible after the incident.

Please indicate whether this form is for:	Serious injury	Death		
Full name of injured or deceased person				
Address				
Suburb			State	Postcode
Date of birth				
State the name of the prescribed organisation w	rith whom the injured or	deceased person w	as a participant at th	e time of the incident
Provide particulars of the time, date and place of	of the incident and the	activity participated	d in	
Provide details of the injury received				
, ,				
State the name and addresses of the attending	or treating doctor or d	octor certifying dea	th	
State the name and addresses of the attending	or treating doctor or d	octor certifying dea		

sporting injuries insurance

Telephone: **1800 221 960** Email: wiclaims@icare.nsw.gov.au

notice of serious injury or death school child or nsw sport and recreation participant

Signature of injured person or legal personal of deceased person	representative	Date (DD/MM/YYYY)			
Name of legal personal representative or guar	rdian (if applicable)				
Telephone number	Email				
Details of official representative of the prescribed organisation notifying the incident: Full name					
Title/Position					
Telephone number	Email				
Signature of representative		Date (DD/MM/YYYY)			
Discoursed the consulated forms to					
Please send the completed form to:					
NSW Sporting Injuries 92-100 Donnison Street Gosford NSW 2250					