**Incident Report**

|  |  |
| --- | --- |
| **Club/ Council:**  | **Event/ Activity:** |
| **Please 🗸 in the appropriate box:**Injury Illness Damage to property |

Name : ­ NRIC/ Passport No. :

Gender : F / M Programme :

Contact No. : Email address :

Next of Kin’s Name/ Contact No. :

Relationship to participant :

Date / Time / Venue where incident took place

Brief description of how incident took place (*use separate sheets if necessary*)

Description of injury or sickness

Treatment of injury or sickness :

At the venue of event / activity Clinic

Hospital Others (Please give details: )

Did injury or sickness require hospitalization : \*Yes / No

If yes, please give full details of hospitalization :

1. Name of hospital : (b) Name of Doctor consulted:
2. Period of hospitalization (Date admitted / Date discharged) :

\*\*\*I declare that the information given by me in this Incident Report is true to the best of my knowledge and I have not withheld any relevant particulars. I have disclosed all the information required to be given in here. Should there be any changes in the details above, I will immediately inform Singapore Institute of Management Pte Ltd and update accordingly.

Name and Signature Date

Particulars of witness of the incident

Name : ­ NRIC/ Passport No. :

Gender : F / M Position in Club/ Council :

Contact No. : Email address :

Name and Signature Date