Incident / Accident Report Form
for Non-HKUST Person Involved in Student Activity

Remarks: 1. This form should be completed by the Person-in-charge of the Program/ Event and sent to Student Support & Activity Team of DSTO at Amenities Service Counter, LG3005, by next day after the accident.
2. The information herein is required for investigation and record purposes, and will be disclosed to the department or office concerned upon written request to DSTO if deemed necessary.
3. * Please delete as appropriate / □ Please check the appropriate box

General Information
Name of Program/Event: ________________________________
Event Organizer: ______________________________________________________________________________________
Incident Date: ___________ Incident time: _________ Venue: ______________________

Description of incident/accident and its possible causes
(Please describe the incident/accident in details, location, time and the possible causes leading to the incident. Use separate sheets as appropriate.)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Details of the Person Involved (please complete this section for each person involved)
Name: ________________________________ (English) __________________ (Chinese)
Sex: *M/F Age: _______ Contact Tel: ________________________________
☐ HK resident ☐ Non-HK resident Email: ________________________________

Role of the person involved in Program/Event: *Participant/Helper/Performer/Invited Guest

Nature of injury and description of the part of body injured (if any):

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Immediate treatments received (If Yes, please check the box below. You may check more than one.)
☐ From First-aider  ☐ At HKUST Clinic  ☐ At Hospital  ☐ None

Property Damage (Please describe the property damage if any)

___________________________________________________________

Witness (if any)
Full Name of Witness: ____________________________  Witness Contact Phone no.: ___________

Photo(s) of the incident/ accident  ☐ Attached  ☐ NOT attached

Injured person will make insurance claim  ☐ Yes  ☐ No

Report submitted by: ____________________________ (full Name in English)
Email address: ____________________________  Signature: ____________________________
Position in society/club/group (if appropriate): ____________________________
Student ID no.: ____________________________  Contact Phone no.: ___________

Endorsed by (if the event is related to department/office): ____________________________
(Name of endorser: )

FOR DSTO(SSA) OFFICE USE:
Form received on ______________________
  dd/mm/yyyy
Comments/Remarks (if any):
___________________________________________________________

Actions Taken:
☐ Interview with reporter/person involved* on ____________________________.
☐ Copy of the Accident Report Form is sent to HSEO on ____________________________.
☐ Copy of the Accident Report Form is sent to ____________ [Office/Dept.] on ____________.
☐ Endorsement of Insurance Claim Form on ____________________________; copy attached.

__________________________________________  ____________________________  ____________
Authorized Signature  Name  Date