Insure That Liability – INCIDENT REPORT FORM

POLICY HOLDER: ______________________

FAX TO PROCLAIM
1300 858 329

DATE REPORTED: ______________ TIME REPORTED: ______________

EXACT LOCATION: ______________________

DATE OF INCIDENT: ______________ TIME OF INCIDENT: ______________ DAY OF WEEK: ______________

INCIDENT REPORTED BY: ______________ INCIDENT REPORTED TO: ______________

TIME INCIDENT LOCATION INSPECTED: ______________ INSPECTED BY: ______________

PART 1: INJURED PERSON DETAILS (also use for owner of damaged property if liability claim for damaged property)

NAME: ______________________
(Surname) (Given Names)

ADDRESS: ______________________

TELEPHONE NO: (Home)______________ (Business) ______________ (Mobile) ______________

DATE OF BIRTH: ______________ (approx or guess if unknown) MALE ☐ FEMALE ☐

WALKING STICK ☐ GLASSES ☐ CARRYING GOODS ☐ OTHER IMPAIRMENTS ☐

PART 2: WITNESS * DETAILS

* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT: ______________________
(Surname) (Given Names)

ADDRESS OF WITNESS: ______________________

TELEPHONE NO: (Home) ______________ (Business) ______________ (Mobile) ______________

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON: ______________________

(If more than one witness, please provide details) ______________________

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: ______________________

____

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/ Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back & Trunk	☐	Arms / Wrists	☐	Feet and toes	☐

If Other, or multiple, please describe: ______________________

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - Not Disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruising - Disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor Cut/Laceration - No Stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring Stitches	☐	No Apparent Injury	☐
Ligament Damage	☐	Minor Concussion	☐		

If Other, describe: ______________________

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party)

____

____

DESCRIPTION OF INCIDENT (by you or independent witness)

____

____

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐ DOCTOR/HOSPITAL ☐ AMBULANCE ☐

NAME OF FIRST AIDER/ PERSON ATTENDING: ______________________________________ CONTACT NO: ______________________

☐ OTHER (Please describe): ____

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME: ____

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS ____

____

PART 4: PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED: ____

HOW DID DAMAGE OCCUR:

____

____

____

____

IF VIEWED AND BY WHOM: ____

PHOTOS TAKEN AND BY WHOM: ____

PART 5: LOCATION OF INCIDENT

____

PART 6: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person:

Chips	☐	Lack of Barrier	☐	Uneven Floor	☐
Ice Cream	☐	Rainwater on floor	☐	Tripped over Object	☐
Beverage	☐	Barrier/Signs	☐	Steps/Stairs	☐
Floor Slippery (Surface)	☐	Vegetable/Fruit items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other Food	☐	No apparent Reason	☐
Person running	☐	Vomit	☐		

If Other, describe: ____

Type of surface

Marble	☐	Tile	☐	Carpet	☐	Speed hump	☐
Terrazzo	☐	Timber	☐	Bitumen	☐	Dirt/grass/garden	☐
Slate	☐	Vinyl	☐	Concrete	☐	Other	☐

If Other, describe: ____

Other

Falling Objects ☐ If Falling objects, please describe: ____

Water Damage ☐

WAS INJURED PERSON Reasonable ☐ Upset ☐ Aggressive ☐ Add relevant comments

RECORD OF INCIDENT Video/closed circuit ☐ Photo ☐ None ☐ ______________________________________