

Incident Report Form (Injury)

Policy Holder

Date Reported

Time Reported

Exact Location

Date Of Incident

Day Of Week

Time Of Incident

Incident Report Completed By

Incident Reported To

Time Incident Location Inspected

Inspected By

PART 1: Injured Person Details

Full Name

Home Phone

Business Phone

Mobile Phone

Email Address

Address

Date Of Birth (Approx Or Guess If Unknown)

Male

Female

Walking Stick

Glasses

Carrying Goods

Intoxicated

Other Impairments

PART 2: Witness * Details

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

Attach Statements for Additional Comments

Full Name

Home Phone

Business Phone

Mobile Phone

Address

Email Address

Type of Witness

Eye Witness

Circumstantial Witness

Relationship to Injured

Provide details if more than one witness

Provide details if another party is responsible

PART 3: Personal Injury Details

PART OF BODY INJURED (Please tick appropriate box)

Head & Neck

Eyes or Face

Back & Trunk

Hip

Shoulder

Arms / Wrists

Hands/ Fingers

Knee

If Other/multiple, please describe

NATURE OF INJURY (Please tick appropriate box)

Multiple

Fracture

Sprain

Dislocation

Ligament Damage

Major Bruising - Disabling

Minor Bruise - Not Disabling

Minor Cut/Laceration - No Stitches

Cut/Laceration requiring Stitches

Minor Concussion

Concussion/Unconscious (Serious)

Burns/Scalds - requiring medical attention

Superficial

No Apparent Injury

Description of and sequence of events leading up to the incident (as described by injured party)

Description of incident (by you or independent witness - including an un-biased view on whether the injured Person contributed to the injury)

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

Details

If viewed and by whom

Photos taken and by whom

PART 5: Location of Incident (please tick appropriate box)

- | | | | | | |
|---------------|----------------|---------------|----------------------|--------------|-------------|
| Car Park | Car Park Ramps | Bar | Toilet Areas | Food areas | Dance Floor |
| Entrance/Exit | Office Areas | Internal Ramp | Children's Play Area | Balcony | |
| Stairs | Escalators | Elevators | Restaurants | Gaming areas | |

Sports field (location of incident)

Sport Type

If Other, describe

PART 6: Type of Incident (please tick appropriate box)

Slip and Fall of Person: Cause

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

If Other, describe:

OR Caught in:

- | | | | | |
|------|-----------|--------------------|-------|----------------------|
| Door | Machinery | Escalator/Elevator | Other | <input type="text"/> |
|------|-----------|--------------------|-------|----------------------|

Stepping on or Striking Against:

- | | | | |
|----------------|--------------------------------|--------------------|-------|
| Display Stands | Sharp Edges/Protruding Objects | Escalator/Elevator | Doors |
|----------------|--------------------------------|--------------------|-------|

Other

Other

- | | | |
|--------------|----------------------------|----------------------|
| Water Damage | Falling Objects (describe) | <input type="text"/> |
|--------------|----------------------------|----------------------|

Type of surface

- | | | | | | | | |
|----------|----------|----------------------|------|--------|-------|--------|---------|
| Marble | Terrazzo | Slate | Tile | Timber | Vinyl | Carpet | Bitumen |
| Concrete | Other | <input type="text"/> | | | | | |

Was Injured Person

Reasonable

Upset

Aggressive

Add Relevant Comments

Cleaner On Duty

Cleaning Supervisor

Time Location Last Inspected

Time Last Cleaned

Please attach written statement from cleaner (if appropriate)

Record Of Incident

Video/Closed Circuit

Photo

None

Privacy

Important Privacy Notice - We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy policy is available at www.srgcorp.com.au or by contacting us.

Signature & Declaration

The undersigned authorised officer of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned authorised officer agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued. The undersigned authorised officer, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

Signature

Name & Position

Date:

Contact us



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