TO BE FAXED TO:-

PROCLAIM	**1300 858 329**
AND	
ASSURITY PTY LTD	**07 3205 6610**

Incident Report

TO BE COMPLETED IN THE EVENT OF INJURY OR PROPERTY DAMAGE AND FAXED TO **PROCLAIM** ON 1300 858 329

Insured

Policy Number

Date Reported / / **Time Reported** : am pm

Exact Location

Date of Incident / / **Time of Incident** : am pm **Day of Week**

Incident Report Completed by

Incident Reported to

Time Incident Location Inspected : am pm **Inspected By**

PART 1: Injured Persons Details

Full Name

Address

Home Phone Business Phone Mobile Phone

Date of Birth (Approx age if DOB 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. Provide additional witness details on attachment.

Full Name

Address

Home Phone Business Phone Mobile Phone

Witness Type Eye Witness Circumstantial Witness

Relationship to Injured Person

If more than one Witness Please provide details

If any Other Party responsible Please provide details

PART 3: Personal Injury Details

Part of the body injured

Head & Neck Back & Trunk Shoulder Hands / Fingers Feet & Toes

Eyes or Face Hip Arms / Wrists Knee

If Other or Multiple please describe

Nature of Injury

Multiple Dislocation Major Bruising (Disabling) Minor Concussion

Fracture Ligament Damage Minor Cur/Laceration (no stitches) Concussion/Unconscious (serious)

Sprain Minor Bruise (not disabling) Cut/Laceration (requiring stiches) Superficial

No Apparent Injury

If Other please describe

PART 3: Personal Injury Details

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

Description of Incident (by you or independant 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 attending   Contact Phone

If Third Party/Contractor at fault:

Third Party/Contractor Name

Third Party/Contractor 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	☐ Food Areas	☐ Internal Ramp	☐ Stairs	☐ Restaurants
☐ Car Park Ramps	☐ Dance Floor	☐ Childrens Play Area	☐ Escalators	☐ Gaming Areas
☐ Bar	☐ Entrance/Exit	☐ Balcony	☐ Elevators	☐ Other
☐ Toilet Areas	☐ Office Areas			

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

Slip and Fall of Person Cause

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

Or Caught In

☐ Door ☐ Machinery ☐ Escalator/Elevator ☐ Other

Stepping on or Striking Against

☐ Display Stands ☐ Doors ☐ Sharp Edges/Protruding Objects ☐ Escalator/Elevator ☐ Other

PART 6: Type of Incident Continued

Other

☐ Falling Objects (please describe) ☐ Water Damage

Type of Surface

☐ Marble	☐ Tile	☐ Carpet	☐ Speed Hump
☐ Terrazzo	☐ Timber	☐ Bitumen	☐ Dirt/Grass/Garden
☐ Slate	☐ Vinyl	☐ Concrete	☐ Other

Was the Injured Person ☐ Reasonable ☐ Upset ☐ Agressive

Relevant Comments

Cleaner on Duty *Please attach a written statement from Cleaner (if appropriate)*

Name of Cleaner on Duty

Cleaning Supervisor

Time Location last Inspected   Time Location last Cleaned

Record Of Incident ☐ Video/Closed Circut ☐ Photo ☐ None