1300 360 908
COVERSURE PTY LTD
ABN 84 413 814 665
AFSL 407505

Personal Injury Incident Report Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. You should not admit liability or make any offer or enter into any correspondence regarding any incident which may result in a claim under your Policy.

DETAILS OF INCIDENT

Policy Holder:			
Date Reported:		Time Reported:	
Date of Incident:		Time of Incident:	
Incident Reported By:		Incident Reported To:	
Time Incident Location Inspected:		Location Inspected By:	

PART 1: DETAILS OF PERSON INVOLVED IN INCIDENT (also use for owner of damaged property if liability claim for damaged property)

Name:							
Address:							
Telephone Home:		Business:		Mobile:			
Date of birth: (approximate if unknown)		Gender:	☐ Male ☐ Female				
Walking Stick	Yes ☐ No ☐	Glasses	Yes ☐ No ☐	Carrying Goods	Yes ☐ No ☐	Other Impairments	Yes ☐ No ☐

PART 2: WITNESS DETAILS*

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

Name of Witness to Incident:					
Address of Witness:					
Telephone Home:		Business:		Mobile:	
Type of Witness:	Eyewitness	Yes ☐ No ☐	Circumstantial Witness	Yes ☐ No ☐	
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:					

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PART 3: PERSONAL INJURY DETAILS (cont'd)

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - not disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruise - disabling	☐	Burns/Scalds - require medical attention	☐
Sprain	☐	Superficial	☐	Minor Cut/Laceration - no stitches	☐
Dislocation	☐	No Apparent Injury	☐	Cut/Laceration - requiring stitches	☐
Ligament Damage	☐	Minor Concussion	☐		

If Other, please describe:	

Description of and Sequence of Events leading up to the incident (as described by the injured party):

Description of Incident (by you or by independent witness):

Was injured person taken to:

First Aid	Yes ☐ No ☐	Doctor/Hospital	Yes ☐ No ☐	Ambulance	Yes ☐ No ☐

Name of First Aider/Person Attending:	
If third party/contractor at fault, their 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)

Shop No. of Nearest Tenant:	

Car Park Ramps	☐	Stairs	☐	Common Areas - Non Food	☐
Entrance/Exit	☐	Office Areas	☐	Moving Walkways	☐
Escalators	☐	Internal Ramp	☐	Elevators	☐
Toilet Areas	☐	Restaurants	☐	Children's Play Area	☐
Car Parks	☐	Other	☐	Common Areas - Food	☐

If Other, please describe:	

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PART 6: TYPE OF INCIDENT (Please tick 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	☐
Vomit	☐	Person Running	☐		
If Other, please describe:					

PART 6: TYPE OF INCIDENT cont'd (Please tick appropriate box)

Type of Surface					
Marble	☐	Tile	☐	Carpet	☐
Speed hump	☐	Terrazzo	☐	Timber	☐
Bitumen	☐	Dirt/grass/garden	☐	Slate	☐
Vinyl	☐	Concrete	☐	Other	☐
If Other, please describe:					
Caught in:					
Door	☐	Escalator/Elevator	☐	Machinery	☐
Other	☐				
If Other, please describe:					
Stepping on or Striking Against:					
Display Stands	☐	Escalator/Elevator	☐	Sharp Edges/Protruding Object	☐
Doors	☐				
Other					
Falling Objects	☐	If Falling objects, please describe:			
Water Damage	☐				
Was injured person:					
Reasonable	☐	Upset	☐	Aggressive	☐
Add relevant comments					
Please attach written statement from security guards and/or cleaner (if appropriate)					
Record of Incident:					
Video/CCTV	☐	Photo	☐	None	☐

I/We declare that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.							
Dated at		this		day of		20	
Signature							
Witness Name				Signature			
Witness Address							