Incident Report

TO BE COMPLETED IN THE EVENT OF INJURY OR PROPERTY DAMAGE
AND FAX TO **PROCLAIM** ON 1300 858 329 OR EMAIL TO proclaim@proclaim.com.au

ASR underwriting AGENCIES

Insured

Policy Number

Date Reported **Time Reported**

Exact Location

Date of Incident **Time of Incident** **Day of Week**

Incident Report Completed by

Incident Reported to

Time Incident Location Inspected **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