Coverholder at LLOYD'S

ASR Underwriting Agencies

TO BE COMPLETED IN THE EVENT OF INJURY OR PROPERTY DAMAGE
AND FAX TO 07 3807 6839 OR EMAIL TO claims@asruw.com.au

INCIDENT REPORT FORM

REPORT DETAILS

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		(Approximate age if date of birth not known)		☐ 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	☐ Other or multiple (please describe)		

PART 3: Personal injury details

Nature of injury

☐ Multiple	☐ Dislocation	☐ Major bruising (disabling)	☐ Minor concussion
☐ Fracture	☐ Ligament damage	☐ Minor cut/laceration (no stiches)	☐ Concussion/unconscious (serious)
☐ Sprain	☐ Minor bruise (not disabling)	☐ Cut/laceration (requiring stitches)	☐ Superficial
☐ No apparent injury		☐ Other (please 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 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	☐ Children's play area	☐ Escalators	☐ Gaming areas
☐ Bar	☐ Entrance/exit	☐ Balcony	☐ Elevators	☐ Toilet areas
☐ Office areas	☐ Other (please describe)			

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	☐ Inadequate lighting
☐ Fruit/vegetables	☐ Barrier/signs	☐ Other (please describe)		

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 (please describe)			

Was the injured person	☐ Reasonable	☐ Upset	☐ Aggressive	
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 circuit	☐ Photo	☐ None	

PRINT FORM RESET FORM