

Please complete all questions as fully as possible, using space provided as well as additional pages as required.

Once complete please sign and email claims@4sightrisk.com.au

INSURED DETAILS

Insured Contact Name Phone Number

Date Reported / / Time Reported : AM PM Exact Location

Date of Incident / / Time of Incident : AM PM Day of the week

Report Completed Incident Reported to

By Inspected By Time Location Inspected : AM PM

INJURED PERSON'S DETAILS

Full Name Date of Birth / / Gender

Address Phone Number

Suburb State Postcode Mobile Number

Please provide a brief description of the injured person including details of footwear, impairments, glasses and if they were carrying goods

WITNESS DETAILS*

* Eye witness; someone who witnessed the incident/circumstances or witnessed the events leading up to the incident. Additional witness details should be provided.

Witness 1 Name Phone Number Eye Witness

Address Circumstantial

Suburb State Postcode Relationship to injured person Witness

Witness 2 Name Phone Number Eye Witness

Address Suburb Circumstantial

State Postcode Relationship to injured person Witness

INJURY DETAILS (PLEASE MARK APPROPRIATE BOX)

PART OF BODY INJURED

Arms/Wrists Back & Trunk Eyes or Face Feet/Ankles or Toes Hands/Fingers Head & Neck Hip Knee Shoulder

Teeth/Mouth Other

NATURE OF INJURY

Burns/Scalds - requiring medical attention Concussion/Unconscious (Serious) Dislocation Fracture Hands/Face Knee

Laceration/ Minor Cut (No Stitches) Laceration/Cut (Requiring Stitches) Ligament Damage Major Bruising/Disabling

Minor Bruise (Not disabling) Minor Concussion Sprain No Apparent Injury Other

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INJURY DETAILS CONTINUED

DESCRIBE THE CIRCUMSTANCES LEADING UP TO THE INCIDENT

WAS THE INJURED PERSON TAKEN TO OR TREATED BY: Ambulance Doctor/Hospital First Aider

Name of First Aider/Person Attending Contact Number

Other (please describe)

WAS THE INCIDENT A RESULT OF ACTIONS BY ANOTHER PARTY EG CONTRACTOR, VISITOR? (If yes please provide details below) Yes No

Full Name Contact Number

Address Suburb State Postcode

WAS THE INCIDENT CAPTURED ON CCTV/DIGITAL RECORDING? Yes No

PROPERTY DAMAGE (IF RELEVANT)

Items Damaged Details Approx. Value \$

TYPE OF INCIDENT (PLEASE MARK APPROPRIATE BOX)

SLIP AND FALL OF PERSON – CAUSE

Barrier/Sign Beverage Car Park Stops/Bollards Floor Slippery (Surface) Food Inadequate Lighting Lack of Barrier

No Apparent Reason Person Running Rainwater on Floor Steps/Stairs Tripped over Object Uneven Floor Vomit

Other

OR CAUGHT IN/HIT BY

Door Escalator/Elevator Machinery Other

STEPPING ON OR STRIKING AGAINST

Display Stands Door Escalator/Elevator Sharp Edges/Protuding Objects Other

OTHER

Falling Object Water Damage If falling object please describe

TYPE OF SURFACE

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

Other

LOCATION OF INCIDENT (PLEASE MARK APPROPRIATE BOX)

Amusement Ride Animal Pen or Area Beverage Area Car Park Children's Play Area Common Areas/Walkway Food Court

Escalators Entrance/Exit Game Motor Powered Vehicle Ramp Restaurants/Cafe/Food Area Seats ie. in Stadium

Show Area Slide Sport Ground/Field/Stadium Stairs Swimming Pool Toilet Areas Turnstile

Other

DO YOU BELIEVE THIS INCIDENT WILL EVENTUATE INTO A CLAIM AND IF SO, PLEASE ADVISE YOUR REASONING Yes No

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