

INCIDENT REPORT FORM



A WRITTEN REPORT CONTAINING DETAILED INFORMATION OF AN EVENT, OCCURRENCE OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM FOR COMPENSATION FOR PERSONAL INJURY OR PROPERTY DAMAGE.

DO NOT ADMIT OR ACCEPT ANY LIABILITY. RENDER ALL ASSISTANCE HUMANELY POSSIBLE. YOU MUST ACT QUICKLY.

DETAILS OF PERSON REPORTING THE INCIDENT

MR / MRS / MISS / MS

| | | | |
|-----------------|-----------|----------------------|----------|
| GIVEN NAMES | | SURNAME | |
| PRIVATE ADDRESS | | | |
| SUBURB | | STATE | POSTCODE |
| PHONE (H) | PHONE (W) | PHONE (M) | |
| EMAIL | | BEST TIME TO CONTACT | |

DETAILS OF LICENSED OPERATOR

| | | | |
|----------------|---------|-----------|----------|
| LO NAME | | | |
| POSTAL ADDRESS | | | |
| SUBURB | | STATE | POSTCODE |
| PHONE (W) | FAX (W) | PHONE (M) | |
| EMAIL | | WEB | |

DETAILS OF LICENSED OPERATOR INSURANCE

| | | | |
|---------------------------|---------------------------------|-----------|----------|
| INSURANCE BROKER NAME | | | |
| POSTAL ADDRESS | | | |
| SUBURB | | STATE | POSTCODE |
| PHONE (H) | PHONE (W) | PHONE (M) | |
| EMAIL | | | |
| INSURER 1 | WORKERS COMPENSATION POLICY NO. | CLAIM NO. | |
| INSURER 2 | LIABILITY POLICY NO. | CLAIM NO. | |
| INSURER 2 CONTACT DETAILS | | EMAIL | |
| PHONE (W) | FAX (W) | PHONE (M) | |

DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS

| | | | |
|---|-----------|-----------|----------|
| ACTIVITY OR SERVICE PROVIDERS BUSINESS NAME | | | |
| POSTAL ADDRESS | | | |
| SUBURB | | STATE | POSTCODE |
| PHONE (H) | PHONE (W) | PHONE (M) | |
| EMAIL | | WEB | |

DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS INSURANCE

INSURANCE BROKER NAME

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

PHONE (H)

PHONE (W)

PHONE (M)

EMAIL

INSURER 1

WORKERS COMPENSATION POLICY NO.

CLAIM NO.

INSURER 2

LIABILITY POLICY NO.

CLAIM NO.

INSURER 2 CONTACT DETAILS

EMAIL

PHONE (W)

FAX (W)

PHONE (M)

DETAILS OF THE INJURED PARTY

MR / MRS / MISS / MS

GIVEN NAMES

SURNAME

PRIVATE ADDRESS

SUBURB

STATE

POSTCODE

DATE OF BIRTH/AGE

SEX M / F

OCCUPATION

PHONE (H)

PHONE (W)

PHONE (M)

EMAIL

DETAILS OF THE INCIDENT

DATE OF INCIDENT / /

TIME OF INCIDENT

AM / PM

DESCRIPTION INCLUDING LOCATION

DETAILS OF INJURY

DID THE PERSON APPEAR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?

WAS THE PERSON WEARING GLASSES?

WAS THE PERSON RUNNING, HURRIED OR DID THEY SEEM DISTURBED?

WAS THE PERSON OVERLOADED WITH GOODS OR CARRYING CHILDREN?

HAD THE PERSON PREVIOUSLY USED THE AREA WHERE THE INJURY WAS SUSTAINED? GIVE DETAILS.

WHERE THEY WATCHING WHERE THEY WERE GOING?

DETAIL OF WITNESSES

MR / MRS / MISS / MS

GIVEN NAMES _____ SURNAME _____

PRIVATE ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

PHONE (H) _____ PHONE (W) _____ PHONE (M) _____

EMAIL _____

MR / MRS / MISS / MS

GIVEN NAMES _____ SURNAME _____

PRIVATE ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

PHONE (H) _____ PHONE (W) _____ PHONE (M) _____

EMAIL _____

IMPORTANT NOTES

If possible please take photographs of incident site and injuries sustained. Please obtain a signed and dated statement from all witnesses immediately. Attach copies of all other investigation reports and diary records.

DATED THIS _____ DAY OF _____ YEAR 20 _____

NAME OF PERSON REPORTING _____ SENIORS/MANAGERS NAME _____

SIGNATURE _____ SENIORS/MANAGERS SIGNATURE _____

THIS FORM MUST BE FAXED ON COMPLETION TO THE NATIONAL AWARD OFFICE AT (02) 9252 2982. ALTERNATIVELY SCAN AND SEND THE COMPLETED FORM TO AWARD@DUKEOFED.ORG.AU IMMEDIATELY.

IT IS IMPERATIVE UNDER MOST INSURANCE POLICY CONDITIONS AND FOR THE DEFENSE OF LEGAL PROCEEDINGS THAT NOTIFICATION BE RECEIVED AS SOON AS POSSIBLE AFTER THE INCIDENT OCCURS, OTHERWISE YOU MAY JEOPARDISE YOUR PROTECTION AVAILABLE.