protectivity insurance

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INCIDENT REPORT FORM

Please return completed form to:
Email: contact@protectivity.com

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 PERSON DETAILS

NAME: ____

ADDRESS: ____

TELEPHONE NO: (HOME) ____________ (BUSINESS) ____________ (MOBILE) ____________

DATE OF BIRTH: ______________________ MALE ☐ FEMALE ☐

Walking Stick ☐ Glasses ☐ Carrying Goods ☐ Intoxicated ☐ Other Impairments ☐

PART 2: WITNESS * DETAILS

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

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT: ____

ADDRESS OF WITNESS: ____

TELEPHONE NO: (HOME) ____________ (BUSINESS) ____________ (MOBILE) ____________

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

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: ______________________________

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - Not Disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruising - Disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor Cut/Laceration - No Stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring Stitches	☐	No Apparent Injury	☐
Ligament Damage	☐	Minor Concussion	☐		

If Other, 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 ☐

OTHER (Please describe): ☐

If Other, describe: ______________________________

NAME OF FIRST AIDER/ PERSON ATTENDING: ______________________________ CONTACT NO: ______________

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S 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 in appropriate box)

Car Park	☐	Entrance/Exit	☐	Stairs	☐
Car Park Ramps	☐	Office Areas	☐	Escalators	☐
Bar	☐	Internal Ramp	☐	Elevators	☐
Toilet Areas	☐	Children's Play Area	☐	Restaurants	☐
Food areas	☐	Balcony	☐	Gaming areas	☐
Dance Floor	☐				

If Other, describe: ____________________

PART 6: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person: Cause

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	☐
Person running	☐	Vomit	☐		

If Other, describe: ____________________

OR Caught in:

Door	☐	Escalator/Elevator	☐
Machinery	☐	Other	☐

If Other, describe: ____________________

Stepping on or Striking Against:

Display Stands	☐	Escalator/Elevator	☐	Other	☐
Sharp Edges/Protruding Objects	☐	Doors	☐		

If Other, describe: ____________________

Other:

Falling Objects ☐ **Water Damage** ☐

If Falling objects, please describe: ______________________________

Type of surface:

Marble	☐	**Tile**	☐	**Carpet**	☐	**Speed hump**	☐
Terrazzo	☐	**Timber**	☐	**Bitumen**	☐	**Dirt/grass/garden**	☐
Slate	☐	**Vinyl**	☐	**Concrete**	☐	**Other**	☐

If Other, describe: ______________________________

WAS INJURED PERSON:

Reasonable ☐ **Upset** ☐ **Add relevant comments:**

Aggressive ☐ ______________________________

CLEANER ON DUTY: ____________________ **CLEANING SUPERVISOR:** ____________________

TIME LOCATION LAST INSPECTED: ____________________ **TIME LAST CLEANED:** ____________________

PLEASE ATTACH WRITTEN STATEMENT FROM CLEANER (If appropriate)

RECORD OF INCIDENT: **Video/closed circuit** ☐ **Photo** ☐ **None** ☐