INCIDENT / ACCIDENT REPORT FORM

protectivity insurance

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

INSURED: ____

POLICY NO: ____

EXACT LOCATION: ____

DATE OF INCIDENT: ____________________ TIME OF INCIDENT: _________________

PART 1: INJURED PERSON DETAILS

NAME: ____
(Surname) (Given Names)

ADDRESS: ____

TELEPHONE NO: (Home)____________________ (Business) ____________________ (Mobile) ______________________

PART 2: 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 INCIDENT

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DETAILS OF ANY TREATMENT RECEIVED: ____

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RECORD OF INCIDENT Video/closed circuit ☐ Photo ☐ None ☐ ______________________________