INCIDENT / ACCIDENT REPORT FORM
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

_____

_____

DETAILS OF ANY TREATMENT RECEIVED: _____

_____

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

_____