

General Liability

Incident Form

IMPORTANT NOTES

PRIVACY STATEMENT

In this Privacy section "we", "us" or "our" means Great Lakes Australia and Winsure, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any claim that you make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the Great Lakes Australia Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx and Winsure Privacy Policy and Privacy Statement at www.winsure.com.au.

CONTACT US

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INSURED DETAILS

Insured Name

Given Name

Surname

Report Details

Date Reported

Time Reported

Accident Details

Exact Location of Incident

Date of Incident

Inspected By

Inspection Details

Time Incident Location Inspected

Time Reported

PART ONE – Injured Person Details

Injured Person

Given Name

Surname

Contact Details

Contact Address

Phone Number

Mobile

Age

Date of Birth

Male

Female

Notation

Walking

Glasse

s Carrying Goods

Other

Please list

PART TWO – 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.

Witness 1

<input type="text"/>	<input type="text"/>	
Given Name	Surname	
<input type="text"/>		
Number, Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
Type of Witness	Eye Witness <input type="checkbox"/> Circumstantial Witness <input type="checkbox"/>	
Relationship to Injured Person	<input type="text"/>	

Witness 2

<input type="text"/>	<input type="text"/>	
Given Name	Surname	
<input type="text"/>		
Number, Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
Type of Witness	Eye Witness <input type="checkbox"/> Circumstantial Witness <input type="checkbox"/>	
Relationship to Injured Person	<input type="text"/>	

If another party is responsible, please provide details.

<input type="text"/>

PART THREE – Personal Injury Details

Part of body Injured (Tick appropriate box)

Head and Neck Eyes or Face Back and Trunk Hip
 Shoulder Arms / Wrist Hands / Fingers Knees, Feet and Toes

If other, or multiple, describe:

<input type="text"/>

Nature of Injury (Tick appropriate box)

Multiple Fracture Sprain Dislocation
 Ligament Damage Minor Bruise – not Disabling Major Bruise – Disabling Minor Cut / Laceration
 Cut / Laceration (req. stitches) Minor Concussion Concussion / Unconscious Burns Scalds (req. Med Attn.)
 Superficial No apparent Injury

If other, or multiple, describe:

<input type="text"/>

Description of and sequence of events leading up to the incident (as described by injured party)

<input type="text"/>

Description of incident (by you or independent witness)

<input type="text"/>

PART THREE – Personal Injury Details (Continued)

Was Injured person taken to: Treatment by First Aider Doctor / Hospital Ambulance

Name of first Aider Attending
()
Contact Number Mobile Number

If Third Party / Contractor at fault:
Third Party / Contractor's name

Third Party / Contractor's insurance details

PART FOUR – Property Damage

Item(s) Damaged

Details

If viewed, by Who

Photos Taken by Wh

PART FIVE – Location of Incident

Tick appropriate box

Car Park <input type="checkbox"/>	Car Park Ramps <input type="checkbox"/>	Bar <input type="checkbox"/>	Toilet Areas <input type="checkbox"/>
Food Areas <input type="checkbox"/>	Entrance / Exit <input type="checkbox"/>	Office Areas <input type="checkbox"/>	Internal Ramp <input type="checkbox"/>
Elevators <input type="checkbox"/>	Children's Play Areas <input type="checkbox"/>	Balcony <input type="checkbox"/>	Stairs <input type="checkbox"/>
Escalators <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Gaming Areas <input type="checkbox"/>	Other <input type="checkbox"/>

If "Other" please describe:

PART SIX – Type of Incident

Slip and Fall of Person Cause:

No apparent reason <input type="checkbox"/>	Inadequate lighting <input type="checkbox"/>	Barrier / Signs <input type="checkbox"/>	Uneven Floor <input type="checkbox"/>
Food <input type="checkbox"/>	Person running <input type="checkbox"/>	Vegetable / Fruit Items <input type="checkbox"/>	Tripped over an object <input type="checkbox"/>
Beverage <input type="checkbox"/>	Lack of barrier <input type="checkbox"/>	Car park stops / Bollards <input type="checkbox"/>	Steps / Stairs <input type="checkbox"/>
Floor slippery (Surface) <input type="checkbox"/>	Rainwater of floor <input type="checkbox"/>	Vomit <input type="checkbox"/>	Other <input type="checkbox"/>

If "Other" please describe:

Or Caught In:

Door Machinery Escalator / Elevator Other

If "Other" please describe:

Stepping or striking against:

Protruding Objects Escalator / Elevator Doors Other

If "Other" please describe:

PART SIX – Type of Incident (Continued)

Other

Fallen Object

Water Damage

Type of Surface

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

If "Other" please describe:

Was Injured Person

Reasonable

Upset

Aggressive

Cleaners

Were Cleaners on Duty?

Yes

No

Cleaning Supervisor

AM / PM

Time location was last inspected

AM / PM

Time Last Cleaned

Please attach written statement from Cleaner (if applicable)

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

Signed by proposer

Name

Title / Position

Signed

Dated

DD / MM / YYYY