

General Liability Incident Form



IMPORTANT NOTICES

The completion of this incident form is to report:

- any accident which has caused bodily injury or property damage;
- any accident which has the potential to result in a personal injury or property damage claim.

Please complete the form and keep on file (either electronically or physically so that it is retrievable if required).

If any allegation or demand is received please contact Winsure immediately and forward to Winsure this incident form.

PRIVACY STATEMENT

In this Privacy Statement the use of 'we', 'us' and 'our' means the Insurer and Winsure unless specified otherwise.

We are committed to protecting your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose your personal information (which may include sensitive information) in order to process any claim. If you do not provide this information to us, we may not be able to process the claim.

We may disclose the personal information we collect to third parties who assist us in processing the claim including related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. For example Singapore and the United Kingdom.

If you provide personal information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters.

Winsure's Privacy Policy which is available at www.winsure.com.au or by calling Winsure, sets out how:

- Winsure protects your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Winsure will deal with such a complaint.

If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Winsure's Privacy Officer by:

Postal Address: PO Box A2016, Sydney South NSW 1235.

Winsure Underwriting Pty Ltd (ABN 68 169 336 252, AR No. 459637) ('Winsure') is an authorised representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binder agreement as agent for the insurer of the policy, certain underwriters as Lloyd's.

INSURED DETAILS

Insured name			
Given name		Surname	
Report Details		DD / MM / YYYY	
Date reported		Time reported	
AM / PM			
Accident details			
Exact location of incident			
DD / MM / YYYY			
Date of incident		Inspected by	
Inspection details		AM / PM	
Time incident location inspected		Time reported	
AM / PM			

PART ONE – INJURED PERSON DETAILS

Injured person			
Given name		Surname	
Contact details			
Contact address			
()			
Phone number		Mobile number	
Age	DD / MM / YYYY	Male	<input type="checkbox"/>
Date of birth		Female	<input type="checkbox"/>
Notation	Walking stick <input type="checkbox"/>	Glasses <input type="checkbox"/>	Carrying goods <input type="checkbox"/>
	Other	<input type="text"/>	
		Please list	

PART TWO – WITNESS DETAILS

Eye witnesses 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"/>		
Suburb	State	Postcode
Type of witness	<input type="checkbox"/> Eye witness	<input type="checkbox"/> Circumstantial witness
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"/>		
Suburb	State	Postcode
Type of witness	<input type="checkbox"/> Eye witness	<input type="checkbox"/> Circumstantial witness
Relationship to injured person	<input type="text"/>	

If another party is responsible, please provide details.

PART THREE – PERSONAL INJURY DETAILS

Part of body injured (Tick appropriate box)

Head and neck <input type="checkbox"/>	Eyes or face <input type="checkbox"/>	Back and trunk <input type="checkbox"/>	Hip <input type="checkbox"/>
Shoulder <input type="checkbox"/>	Arms / Wrist <input type="checkbox"/>	Hands / Fingers <input type="checkbox"/>	Knees, feet and toes <input type="checkbox"/>

If other, or multiple, describe:

Nature of injury (Tick appropriate box)

Multiple <input type="checkbox"/>	Fracture <input type="checkbox"/>	Sprain <input type="checkbox"/>	Dislocation <input type="checkbox"/>
Ligament damage <input type="checkbox"/>	Minor bruise – not disabling <input type="checkbox"/>	Major bruise – disabling <input type="checkbox"/>	Minor cut / Laceration <input type="checkbox"/>
Cut / Laceration (requiring stitches) <input type="checkbox"/>	Minor concussion <input type="checkbox"/>	Concussion / Unconscious <input type="checkbox"/>	Burns scalds (requiring medical attention) <input type="checkbox"/>
Superficial <input type="checkbox"/>	No apparent injury <input type="checkbox"/>		

If other, or multiple, 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)

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 whom?

Photos taken by whom?

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 <input type="checkbox"/> | Machinery <input type="checkbox"/> | Escalator / Elevator <input type="checkbox"/> | Other <input type="checkbox"/> |
|-------------------------------|------------------------------------|---|--------------------------------|

If "Other", please describe:

Stepping or striking against:

- | | | | |
|---|---|--------------------------------|--------------------------------|
| Protruding objects <input type="checkbox"/> | Escalator / Elevator <input type="checkbox"/> | Doors <input type="checkbox"/> | Other <input type="checkbox"/> |
|---|---|--------------------------------|--------------------------------|

If "Other", please describe:

PART SIX – TYPE OF INCIDENT (Continued)

Other

Fallen object

Water damage

Type of Surface

Marble <input type="checkbox"/>	Tile <input type="checkbox"/>	Carpet <input type="checkbox"/>	Speed hump <input type="checkbox"/>
Terrazzo <input type="checkbox"/>	Timber <input type="checkbox"/>	Bitumen <input type="checkbox"/>	Dirt / Grass / Garden <input type="checkbox"/>
Slate <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>

If "Other", please describe:

Was injured person

Reasonable

Upset

Aggressive

Cleaners

Were cleaners on duty?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Cleaning supervisor

AM / PM

AM / PM

The location was last inspected

Time last cleaned

Please attach written statement from cleaner (if applicable)

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY DECLARANT

I declare that all answers and statements contained in this incident form are true, correct and complete.

I acknowledge that I have read and understood the Privacy Statement above and consent to the collection, storage, use and disclosure of personal information and sensitive information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement.

Signed by declarant

Name

Signed

Title / position

Dated

Please return this incident form together with any correspondence or documentation you have in relation to this incident to: Winsure Underwriting Pty Ltd, PO Box A2016, Sydney South NSW 1235.

This document and its attachments have been prepared in anticipation of legal action or potential legal action. As such, legal privilege is asserted over this document.

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