



Public Liability Incident Report Form

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The issue and acceptance of this form does not constitute an admission of liability by the Underwriter or a waiver of their rights. **Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will be subject to the Declaration on page 2.

This form MUST NOT be completed in front of the injured party.
The information contained on this form will ensure that any claims are settled equitably.

1. Particulars of Insured

- (i) Location:
- (ii) Telephone Number:
- (iii) Date of Incident:
- (iv) Time of Incident:
- (v) Date Incident reported:
- (vi) Reported to:
- (vii) Form completed by:

2. Details of Injured Party

- (i) Name of injured person / owner of damaged property:
- (ii) Address:
- (iii) Telephone:
- (iv) Age:

3. Details of Incident

- (i) What was reported?
.....
.....
- (ii) What was the extent of injuries / damage that you observed?
.....
.....
- (iii) Were there any contributing factors (eg. Shoe type, parcels, existing disabilities?) Yes or No
If Yes, please advise details:
.....
- (iv) What was the cause of the incident as determined by you during your enquiries?
.....
.....
- (v) What other information did you find out during your enquiries?
.....
.....

4 Floor

- (i) What is the floor surface?
- (ii) Was the floor wet or dry?
- (iii) When was the floor last cleaned?

5. Witnesses

List the contact details for any witnesses:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
.....
.....
.....
.....

6. Has any notice of claim been indicated either verbally or in writing? Yes or No

If Yes, please provide details:

7. Please provide any additional information:

IMPORTANT NOTICES

Privacy Statement

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please ask us for a copy or visit our website.

Declaration

I/We hereby declare that we have read and understood the Important Notices above and agree to them.

Date:..... Signature of Insured:.....