



Shopping Centre Incident Report

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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 3 **Please answer all questions.**

1. Particulars of Shopping Centre

- (i) Centre Name:
- (ii) Date of occurrence:.....
- (iii) Time of occurrence:am/pm
- (iv) Date incident reported:.....
- (v) Time incident reported:am/pm
- (vi) Name of person completing this report:

Note: Facts Only – No Assumptions are to be made

2. Injured Party Information

- (i) Name of Injured Person:
- (ii) Home Address:
- (iii) Phone: Home Business:
- (iv) Date of Birth:
- (v) Occupation:
- (vi) Was the person wearing glasses? Yes or No

3. Incident Details

- (i) Estimated time of incident:am/pm
- (ii) What were the weather conditions? Wet Dry Sunny Overcast
- (iii) Does the injured person suffer from any visible disability? Yes or No
If Yes, please provide details:
- (iv) Does the injured person take any medication? Yes or No
If Yes, please provide details:
- (v) Does the injured person suffer from fainting fits or giddiness? Yes or No
- (vi) Does the injured person suffer from Epilepsy? Yes or No
- (vii) Is the injured person pregnant? Yes or No
- (viii) Did any impediment or obstruction cause the accident? Yes or No
If Yes, please provide details:

(ix) What was the exact location of the accident?

4. Treatment

(i) Nature of Injury or Damage:

(ii) Treatment at Centre Office and/or comment of attendant:

(iii) Was an ambulance necessary: Yes or No
 If Yes,

(a) What time was the ambulance called: am/pm

(b) What time did the ambulance arrive on the scene? am/pm

(c) What time did the ambulance depart form the scene? am/pm

(d) What was the name of the ambulance officer(s)?.....

5. Witness Comments

Name	Relationship	Title	Contact Ph No	Comments

6. Was the accident site investigated? Yes or No
 If Yes,

(i) By whom?

(ii) What was found?

7. Did the incident involve a slip and/or fall? Yes or No
 If Yes, please advise:

(i) Was food, drink or other substance found when site was investigated? Yes or No

(ii) When was this area last cleaned?

(iii) How often is the area cleaned?

- 8. Has a copy of this form been presented to Centre Management? Yes or No
- 9. Please fax a copy of this form to SRS Underwriting Agency on 07 3002 2292

IMPORTANT NOTICES - To be read and completed by ALL CLAIMANTS**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:.....