PACE INSURANCE

pacegroup.com.au

INCIDENT REPORT

PLEASE COMPLETE ALL SECTIONS, SIGN AND EMAIL TO CLAIMS@PACEGROUP.COM.AU

IF YOU HAVE ANY QUERIES REGARDING THE COMPLETION OF THIS FORM PLEASE CONTACT PACE INSURANCE ON (03) 8615 0600 OR CLAIMS@PACEGROUP.COM.AU

INSURED DETAILS

Insured | Contact Name | Phone Number

Date Reported D D / M M / Y Y | Time Reported : AM PM | Exact Location

Date of Incident D D / M M / Y Y | Time of Incident : AM PM | Day of the week S M T W T F S

Report Completed By | Incident Reported to

Inspected By | Time Location Inspected : AM PM

INJURED PERSON'S DETAILS

Full Name | Date of Birth D D / M M / Y Y | Gender M F

Address | Phone Number

Surburb | State Select | Postcode | Mobile Number

Please provide a brief description of the injured person including details of footwear, impairments, glasses and if they were carrying goods

WITNESS DETAILS*

* Eye witness; someone who witnessed the incident/circumstances or witnessed the events leading up to the incident. Additional witness details should be provided.

Witness 1 Name | Phone Number | Eye Witness ☐

Address | Circumstantial Witness ☐

Surburb | State Select | Postcode | Relationship to injured person Select

Witness 2 Name | Phone Number | Eye Witness ☐

Address | Circumstantial Witness ☐

Surburb | State Select | Postcode | Relationship to injured person Select

INJURY DETAILS (PLEASE MARK APPROPRIATE BOX)

PART OF BODY INJURED

Arms/Wrists ☐ Back & Trunk ☐ Eyes or Face ☐ Feet/Ankles or Toes ☐ Hands/Fingers ☐ Head & Neck ☐ Hip ☐ Knee ☐ Shoulder ☐

Teeth/Mouth ☐ Other

NATURE OF INJURY

Burns/Scalds - requiring medical addention ☐ Concussion/Unconscious (Serious) ☐ Dislocation ☐ Fracture ☐ Hands/Face ☐ Knee ☐

Laceration/ Minor Cut (No Stitches) ☐ Laceration/Cut (Requiring Stitches) ☐ Ligament Damage ☐ Major Bruising/Disabling ☐

Minor Bruise (Not disabling) ☐ Minor Concussion ☐ Sprain ☐ No Apparent Injury ☐ Other

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INJURY DETAILS CONTINUED

DESCRIBE THE CIRCUMSTANCES LEADING UP TO THE INCIDENT

WAS THE INJURED PERSON TAKEN TO OR TREATED BY: Ambulance ☐ Doctor/Hospital ☐ First Aider ☐

Name of First Aider/Person Attending | Contact Number

Other (please describe)

WAS THE INCIDENT A RESULT OF ACTIONS BY ANOTHER PARTY EG CONTRACTOR, VISITOR? (If yes please provide details below) Yes ☐ No ☐

Full Name | Contact Number

Address | Surburb | State Select | Postcode

WAS THE INCIDENT CAPTURED ON CCTV/DIGITAL RECORDING? Yes ☐ No ☐

PROPERTY DAMAGE (IF RELEVANT)

Items Damaged | Details | Approx. Value $

TYPE OF INCIDENT (PLEASE MARK APPROPRIATE BOX)

SLIP AND FALL OF PERSON – CAUSE

Barrier/Sign ☐ Beverage ☐ Car Park Stops/Bollards ☐ Floor Slippery (Surface) ☐ Food ☐ Inadequate Lighting ☐ Lack of Barrier ☐

No Apparent Reason ☐ Person Running ☐ Rainwater on Floor ☐ Steps/Stairs ☐ Tripped over Object ☐ Uneven Floor ☐ Vomit ☐

Other

OR CAUGHT IN/HIT BY

Door ☐ Escalator/Elevator ☐ Machinery ☐ Other

STEPPING ON OR STRIKING AGAINST

Display Stands ☐ Door ☐ Escalator/Elevator ☐ Sharp Edges/Protuding Objects ☐ Other

OTHER

Falling Object ☐ Water Damage ☐ If falling object please describe

TYPE OF SURFACE

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

Other

LOCATION OF INCIDENT (PLEASE MARK APPROPRIATE BOX)

Amusement Ride ☐ Animal Pen or Area ☐ Beverage Area ☐ Car Park ☐ Children's Play Area ☐ Common Areas/Walkway ☐ Food Court ☐

Escalators ☐ Entrance/Exit ☐ Game ☐ Motor Powered Vehicle ☐ Ramp ☐ Restaurants/Cafe/Food Area ☐ Seats ie. in Stadium ☐

Show Area ☐ Slide ☐ Sport Ground/Field/Stadium ☐ Stairs ☐ Swimming Pool ☐ Toilet Areas ☐ Turnstile ☐

Other

DO YOU BELIEVE THIS INCIDENT WILL EVENTUATE INTO A CLAIM AND IF SO, PLEASE ADVISE YOUR REASONING Yes ☐ No ☐

Tel 03 8615 0600 | Email claims@pacegroup.com.au