ALLSOPP BUNTING
INSURANCE

Level 32, 101 Miller Street
North Sydney NSW 2060
www.allsoppbunting.com.au

Incident Report Form – Please email to andrew@allsoppbunting.com.au
If you have any queries regarding the completion of this form please telephone 02 8912 2150

Venue DETAILS

Venue:		Contact Name:		Ph No:	
Date Reported:		Time Reported:		Exact Location:	
Date of Incident:		Time of Incident:		Day of week:	
Report Completed by:		Incident Reported to:			
Inspected By:		Time Location Inspected:			

PART 2: INJURED PERSON DETAILS

Full name:		Date of birth:		Gender:	Male ☐ Female ☐
Address:		Tel:		Mobile:	

Walking Stick ☐	Glasses ☐	Carrying Goods ☐	Other Impairments ☐

PART 3: WITNESS *DETAILS

***Eyewitnesses witnessed the incident: circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided in attachment.**

Witness Details					
Witness name 1:		Tel:		Address:	
Type of Witness:	Eye Witness ☐		Circumstantial Witness ☐		Relationship to Injured Person:
Witness name 2:		Tel:		Address:	
Type of Witness:	Eye Witness ☐		Circumstantial Witness ☐		Relationship to Injured Person:

IF ANOTHER PARTY RESPONSIBLE FOR THE INCIDENT, PLEASE PROVIDE DETAILS:

PART 4: INJURY DETAILS

Part of body injured (place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/Fingers	☐	Eyes or Face	☐	Shoulder	☐
Knee	☐	Back and Trunk	☐	Arms/Wrists	☐	Feet/Ankles or Toes	☐	Teeth/Mouth	☐
If other please specify:									

Nature of Injury (Place tick in appropriate box)

Multiple	☐	Minor Bruise – Not disabling	☐	Concussion/Unconscious (serious)	☐	Fracture	☐	Major Bruising/Disabling	☐	No Apparent Injury	☐
Sprain	☐	Minor Cut/Laceration – No stitches	☐	Superficial	☐	Dislocation	☐	Cut/Laceration requiring stitches	☐		
Ligament Damage	☐	Minor Concussion	☐	Head/Face	☐	Knee	☐	Burns/Scalds – requiring medical attention	☐		
If other please specify:											

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SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party)

DESCRIPTION OF INCIDENT (by you or independent witness)

WAS INJURED PERSON TAKEN TO	TREATMENT BY FIRST AIDER ☐	DOCTOR/HOSPITAL ☐	AMBULANCE ☐
NAME OF FIRST AIDER/PERSON ATTENDING:		CONTACT PHONE NO:	

☐ OTHER (please describe)

Was the incident a result of the actions of another party (eg Contractor, visitor)? Yes ☐ Provide details below No ☐

Full name:		Tel:	
Address:			

Was the incident captured on CCTV/digital recording? Yes ☐ No ☐

PART 5: PROPERTY DAMAGE DETAILS (if relevant)

ITEM DAMAGED:		DETAILS:		APPROX. VALUE	$
IF VIEWED AND BY WHOM:		PHOTOS TAKEN AND BY WHOM:			

PART 6: LOCATION OF INCIDENT (Please tick in appropriate box)

Car park	☐	Entrance /Exit	☐	Stairs	☐	Ramp	☐	Children's Play Area	☐	Escalators	☐
Amusement Ride	☐	Sport Ground/Field/Stadium	☐	Elevators	☐	Toilet Areas	☐	Food Court	☐	Restaurants/Cafe/Food area	☐
Common Areas/Walkway	☐	Seats i.e In stadium	☐	Swimming Pool	☐	Animal Pen or area	☐	Show area	☐	Motor powered vehicle	☐
Slide	☐	Game	☐	Beverage Area	☐	**Turn-Stile**					

If other please specify:

PART 7: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person: Cause

Chips	☐	Lack of Barrier	☐	Uneven Floor	☐	Ice Cream	☐	Rainwater on Floor	☐	Tripped over Object	☐
Beverage	☐	Barrier/Signs	☐	Steps/Stairs	☐	Floor Slippery (Surface)	☐	Vegetable/ Fruit Items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other Food	☐	No apparent reason	☐	Person Running	☐	Vomit	☐		

If other please specify:

OR Caught in/hit by:

Door	☐	Escalator/ Elevator	☐	Machinery	☐	Other		☐	

If other please specify:

OR fell off / injured by:

Slide	☐	Animal (describe type)	☐	Ball	☐	Amusement Ride	☐	Another Patron	☐	Motor Powered Vehicle (describe type)	☐

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						(describe type)					
If other please specify:											
Stepping on or Striking Against:											
Display Stands	☐	Escalator/Elevator	☐	Doors	☐	Sharp Edges/Protruding Objects	☐	Other	☐		
If other please specify:											
Other											
Falling objects	☐	If falling object please describe									
Water Damage	☐										
Type of Surface											
Marble	☐	Tile	☐	Carpet	☐	Speed Hump	☐	Terrazzo	☐	Timber	☐
Bitumen	☐	Dirt/Grass/Garden	☐	Slate	☐	Vinyl	☐	Concrete	☐	Other	☐
If other please specify:											
Cleaner on Duty: **Time location last inspected:**				Cleaning Supervisor: Time Last Cleaned:							
WAS INJURED PERSON	Reasonable	☐	Upset	☐	Aggressive	☐	Comments:				