Business Insurance
Cover Services

CAR No 467164

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Authorised Representative of
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This is a sample incident report for your business to use. Incident reports are vital in documenting unforeseen events and will assist in your providing a detailed account of incidents ranging from workplace accidents to security breaches. It should be filled by authorised personal with the assistance of a witness to the incident. Ensure that your workplace incident reports are adapted to the contexts of your business so that they can be as thorough as possible.

Details of Report			
Name		**Date Report Filled**	__/__/____
Insured Details		**Policy Number**	
Incident Report Submitted to			

Details of Incident			
Location of Incident			
Date of Incident	__/__/____	**Time of Incident**	

PART 1: Injured Persons Details					
Full Name					
Address					
Home Phone		**Work Phone**		**Mobile Phone**	
Date of Birth (Approximate age if unknown)	__/__/____	**Gender**			
Was the Injured	☐ Using a walking Stick	☐ Wearing glasses		☐ Carrying goods	
	☐ Intoxicated	☐ Under other impairments (Please detail): ____________________			

PART 2: Details of Witness* Eyewitnesses who witnessed the incident: circumstantial witnesses who witnessed the events leading up to or following the incident. Attach all relevant witness details					
Full Name					
Address					
Home Phone		**Work Phone**		**Mobile Phone**	
Type of Witness	☐ Eye Witness		☐ Circumstantial Witness		

PART 3: Personal Injury Details			
Part of the Body Injured	☐ Head & Neck	☐ Back & Trunk	☐ Shoulder
	☐ Hands & Fingers	☐ Feet & Toes	☐ Eyes or Face
	☐ Hip	☐ Arms & Wrists	☐ Knees
	☐ Other or Multiple (please detail) ____________________________________ ____________________________________		
Nature of Injury	☐ Dislocation	☐ Major Bruising (Disabling)	☐ Minor Concussion
	☐ Fracture	☐ Ligament Damage	☐ Minor Cut/Laceration (No stitches)
	☐ Concussion/ Unconscious (Serious)	☐ Sprain	☐ Minor Bruise (Non-disabling)
	☐ Cut/Laceration (Requiring Stitches)	☐ Superficial	☐ No Apparent Injury
	☐ Multiple/Other (Provide details): ____________________________________ ____________________________________		
Description of Incident as described by the Injured Party (Include lead up to the incident): ____________________ ____________________ ____________________			
Description of Incident by person filling report (or independent and un-biased witness, including lead up to incident): ____________________ ____________________ ____________________			
Was injured person	☐ Administered treatment by qualified first aider	☐ Taken to doctor/hospital	
	☐ Taken and left with ambulance	☐ Other (please detail): __________ ____________________	
Name of First Aider attending		**Contact Number**	

PART 4: Property Damage Complete if there is property damage		
Item/s Damaged		
Details of Damage		
If viewed, by whom and when	☐ No	☐ Yes (List details): ______________________ ______________________
Photos Taken, and By whom	☐ No	☐ Yes (List details): ______________________ ______________________

PART 5: Location of Incident Please tick appropriate box				
☐ Car Park	☐ Reception Area	☐ Internal Ramp	☐ Stairs	☐ Car Park Ramps
☐ Escalators	☐ Entrance/Exit	☐ Toilet Area	☐ Hall Space	☐ Office Space
☐ Treatment Space (Please detail): ___________ ______________________		☐ Other Space (Please detail): ___________ ______________________		

PART 5: Type of Incident Please tick appropriate box				
Slip and Fall Cause	☐ Uneven Surface	☐ Person Running	☐ Car Park Stops/Bollards	
	☐ Lack of Barrier	☐ Trip over Object	☐ Water on Floor	
	☐ Steps/stairs	☐ Inadequate lighting	☐ Barrier/Signs	
	☐ Other (please detail): ______________________ ______________________			
Other Cause	☐ Falling Object (Please detail): ___ ______________________		☐ Other (Please detail): __________ ______________________	
Type of Surface	☐ Marble	☐ Tile	☐ Carpet	
	☐ Concrete	☐ Terrazzo	☐ Timber	
	☐ Bitumen	☐ Dirt/Grass	☐ Slate	
	☐ Vinyl	☐ Other (please detail): ______________________ ______________________		
Was the Injured Person	☐ Reasonable		☐ Upset	
	☐ Aggressive		☐ Other (please detail): ___________ ______________________	
Cleaner on duty (attach a written statement from cleaner if appropriate):	**Name of Cleaner on Duty**		**Cleaning Supervisor**	
	Time Location last Inspected		**Time Location Last Cleaned**	
Record of Incident	☐ Video/Closed Circuit	☐ Photo	☐ None	