



INCIDENT REPORT FORM

INSURED :
REPORTED – DATE : TIME :
INCIDENT - DATE : TIME :
LOCATION :
NAME OF PERSON REPORTING :
CONTACT NUMBER : REPORTED TO :
INCIDENT LOCATION INSPECTED ON : BY :

PART 1 – INJURED PERSON

NAME :
ADDRESS :
PHONE (1) : (2) : (3) :
DATE OF BIRTH : SEX: M F
DETAILS OF ANY AIDS / IMPAIRMENTS :
For example. Glasses, walking frame, carrying goods

PART 2 – WITNESS DETAILS

NAME :
ADDRESS :
PHONE (1) : (2) : (3) :
TYPE OF WITNESS :
RELATIONSHIP TO INJURED PARTY :
For example. Eye Witness, Circumstantial Witness (present for events prior to / following incident), or Additional
PLEASE PROVIDE DETAILS OF ANY OTHER PARTIES INVOLVED :
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PART 3 – PERSONAL INJURY DETAILS

Multiple answers may be appropriate

PART OF BODY INJURED :

- HEAD & NECK HIP HANDS & FINGERS
- EYES & FACE SHOULDER KNEE
- BACK & TRUNK ARMS & WRISTS FEET & TOES

NATURE OF INJURY :

- FRACTURE TISSUE DAMAGE UNCONSCIOUSNESS
- SPRAIN BRUISING BURN/SCALD
- DISLOCATION LACERATION SUPERFICIAL
- CONCUSSION OTHER

IF OTHER, PLEASE SPECIFY :

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INJURED PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

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WITNESS / OTHER PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

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TREATMENT OF INJURED PARTY :

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NAME AND QUALIFICATION(S) OF PERSON PROVIDING TREATMENT :

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DESCRIBE THE EMOTIONAL STATE OF THE INJURED PARTY AT THE TIME :

For example. Reasonable, Upset, Aggressive

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PART 4 – PROPERTY DAMAGE

ITEM(S) DAMAGED :

DETAILS :

REPORTED BY :

PHOTOS TAKEN BY :

PART 5 – INCIDENT DETAILS

DESCRIPTION OF LOCATION :

For example. Car Park, Bar, Toilet Area, Food Area, Stairs, Escalators

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TYPE OF INCIDENT :

For example. Slip and fall due to food spillage creating slippery fall, Caught in an elevator, Stepping on protruding objects, Water damage, Falling objects

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IF A THIRD PARTY / CONTRACTOR APPEARED AT FAULT, PLEASE PROVIDE DETEAILS :

For example. Business Name, Individuals Name, Contact Details, Insurance Details

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RECORD OF INCIDENT :

For example. Video / closed circuit, Photo, None

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HOUSEKEEPING :

Please attach a written statement from the cleaner (where appropriate)

CLEANER ON DUTY : SUPERVISOR :

TIME LAST INSPECTED : LAST CLEANED :

Signed :

Date :

Upon completion of this form, please forward a copy to Gow Gates via email;

equestrian@gowgates.com.au • gowgatesport.com.au/equestrian • 02 8767 9999 • 1800 811 371

For assistance in completing this report, please contact **Gow Gates Insurance Brokers**