



INSURANCE INCIDENT REPORT FORM

In the event of PERSONAL INJURY OR PROPERTY DAMAGE this form must be completed.

Our Garden Club Name -	
Address where incident occurred -	
Name of Person completing this form -	
Our Phone No :	Our Facsimile No -

IMPORTANT :

- A. **DO NOT** make any public statements or admit fault of any kind.
- B. **DO NOT** offer to pay for any expenses incurred.

DETAILS OF INJURED PERSON & THE INCIDENT

Name of Person			
Address			
			Telephone
Age	Sex	Occupation	
Date of Incident		Time	a.m./p.m..
Where did incident occur?			
How did incident occur?			
Is the person a financial member of the club Yes / No			
Was there personal injury/damage to property?			
What is the injury or damage?			
Describe visible signs of apparent injury			
How did the person leave scene of the incident?			
What outward signs were visible in the person?			
Normal: Yes / No		Visible Injury: Yes / No	
In Pain: Yes/ No		Distressed: Yes / No	
What assistance was given - first aid rendered?			
Relate any conversation(s) with the person			
Name(s) and address(es) of witnesses - your employees			



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Did the person show any signs of being affected by alcohol and/or drugs?
If "Yes", what were outward signs?
For incidents occurring on premises.
Was the accident caused by any foreign matter on the floor?
What was general state of the floor at the time? ie Wet, Dry, Slippery etc
Who is responsible for cleaning floor in that area?
At what time was that area of floor last inspected or cleaned?
By whom?
Report of conversation

Where possible photograph the place of accident as soon after the incident notating place and time on the rear of photo. All documentation of the incident must be kept in a safe place for 8 years (or whatever your state limitations are).

Once completed keep this form as your club's record and send a copy to:

GCA Insurance **by post to:**
27 Westmorland Drive
LEEMING WA 6149

Or send a scanned copy to insurance@gardenclubs.org.au

Mobile 0424 430 844

IF YOU ARE MAKING AN ACTUAL CLAIM YOU NEED TO COMPLETE A CLAIM FORM FROM THE APPROPRIATE INSURER

You must report any claims made against you and all developments made known to you to the insurer at once and forward any correspondence, unanswered, immediately upon receipt. Likewise any legal proceedings seeking damages such as Writ, Summons, and Statement of Claim should be forwarded to the insurer immediately they are received.

Date Signature

Print Name in Full