

PUBLIC / PRODUCTS LIABILITY INCIDENT REPORT FORM

CAUTION

The completion of this form is to report:

- Any incident which has caused bodily injury or property damage; or
- Any incident which has the potential to result in a personal injury or property damage claim.

Important Notice:

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination. Please attach correspondence you have received to this form. The completion of this form and its receipt by your Insurer is not an indication that your Insurer will accept any liability to you or to any person claiming from you.

GENERAL INFORMATION

Policy Number:	
Insured Name:	
Address of Insured:	
Contact Person:	
Contact Phone Number:	
Email address:	

INCIDENT/ACCIDENT

Please describe the incident:	
Date and time of incident:	
Date and time reported:	
Location of incident:	
Purpose for which location was being used:	
Who the incident was reported to:	

PROPERTY DAMAGE

Nature and extent of damage:	
Estimated cost of damage:	
Property owner's name:	
Property owner's address:	
Property owner's telephone No:	

PERSONAL INJURY

Name of person injured:

Age of person injured:

Occupation of person injured (in known):

Address of person injured:

Telephone No. of person injured:

Nature of injury:

If treatment was given at the scene of the incident, please advise by whom (ambulance/doctor/employee, give details):

Transport provided to hospital Yes/No:

PRODUCTS LIABILITY

Product name:

Model & Serial No:

Lot & Batch No:

Customer's name:

Customer's telephone No:

Customer's address:

WITNESS DETAILS

Witness to the event, Yes/No:

If yes, please provide, the name, address, and contact details of the witness. Should there be multiple witnesses to the incident, please provide details as requested above on a separate page and attach to this form.

Witness's relationship to the named Insured:

PRIVACY

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

DECLARATION STATEMENT

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation, or exaggeration. I/We declare that the information supplied on this form is true in every respect. I/we agree that, by submitting this form, the personal information I/we provide to my Insurer in this form or otherwise may be collected, held, used, and disclosed in the manner set out in my Insurers Privacy Policy.

Signature of Insured:

Date:

Once completed please email the completed form along with any supporting information to:
theteam@wsib.com.au