

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 :

PART 3 – PERSONAL INJURY DETAILS

Multiple answers may be appropriate

PART OF BODY INJURED :

HEAD & NECK <input type="checkbox"/>	HIP <input type="checkbox"/>	HANDS & FINGERS <input type="checkbox"/>
EYES & FACE <input type="checkbox"/>	SHOULDER <input type="checkbox"/>	KNEE <input type="checkbox"/>
BACK & TRUNK <input type="checkbox"/>	ARMS & WRISTS <input type="checkbox"/>	FEET & TOES <input type="checkbox"/>

NATURE OF INJURY :

FRACTURE <input type="checkbox"/>	TISSUE DAMAGE <input type="checkbox"/>	UNCONSCIOUSNESS <input type="checkbox"/>
SPRAIN <input type="checkbox"/>	BRUISING <input type="checkbox"/>	BURN/SCALD <input type="checkbox"/>
DISLOCATION <input type="checkbox"/>	LACERATION <input type="checkbox"/>	SUPERFICIAL <input type="checkbox"/>
	CONCUSSION <input type="checkbox"/>	OTHER

IF OTHER, PLEASE SPECIFY :

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INJURED PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

WITNESS / OTHER PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

TREATMENT OF INJURED PARTY :

NAME AND QUALIFICATION(S) OF PERSON PROVIDING TREATMENT :

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

For example. Reasonable, Upset, Aggressive

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

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

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

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

RECORD OF INCIDENT :

For example. Video / closed circuit, Photo, None

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**