SSAA General Insurance Brokers.
Unit 1/212 Glen Osmond Road, Fullarton SA 5063.
P | 08 8332 0281 **F |** 08 8332 0303 **E |** insurance@ssaains.com.au
Freecall 1800 808 608 (Landline only) **www.ssaaib.com.au**

SSAA General Insurance Brokers

INCIDENT REPORT FORM

Please provide all relevant information known to you. Any correspondence received or documents served on you must be forwarded immediately (unanswered) to;

SSAA Insurance Brokers Pty Ltd
Unit 1/212 Glen Osmond Road
Fullarton SA 5063
or
Email: insurance@ssaains.com.au Fax: (08) 8332 0303

Branch/Club: .....

Date Reported: ..... Time Reported: .....

Exact Location: .....

Date of Incident: ..... Time of Incident: .....

Incident Report Completed by: .....

PART 1: INJURED PERSON DETAILS

Name: .....
(Surname) (Given Names)

Address: .....

Telephone: (Home) ..... (Business) ..... (Mobile) .....

Date of Birth: .....(approx. or guess if unknown) Male ☐ Female ☐

SSAA Member: Yes ☐ No ☐

PART 2: WITNESS* DETAILS

*Eyewitnesses witnessed the incident, circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

Name of Witness to Accident: .....
(Surname) (Given Names)

Address of Witness: .....

Telephone: (Home) ..... (Business) ..... (Mobile) .....

Type of Witness: Eye Witness ☐ Circumstantial Witness ☐

Relationship to Injured Person: .....

If more than one witness, please provide details: .....

.....

If another party responsible, please provide details: .....

.....

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Please tick appropriate box)

Head & Neck	☐	Hip	☐	Hands/Fingers	☐
Eyes or Face	☐	Shoulder	☐	Leg/Knee	☐
Back & Trunk	☐	Arms/Wrists	☐	Feet & Toes	☐

If other, or multiple, please describe:……

……

NATURE OF INJURY (Please tick appropriate box)

Multiple	☐	Minor Bruises- Not Disabling	☐	Concussion/Unconscious	☐
Fracture	☐	Major Bruising – Disabling	☐	Burns/Scalds	☐
Sprain	☐	Minor Cut/Laceration- No stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring stitches	☐	No Apparent Injury	☐
Ligament Damage	☐	Minor concussion	☐		

If other, please describe:……

……

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party): ……

……

……

DESCRIPTION OF INCIDENT (by you or independent witness- including an un-biased view on whether the injured person contributed to the injury): ……

……

……

WAS THE INJURED PERSON TAKEN TO: (Please tick appropriate box)

Treatment by First Aider ☐ Doctor/Hospital ☐ Ambulance ☐

Name of First Aider/Person Attending: ……

Contact Number(s): ……

If Third Party/Contractor at Fault, Third Party/Contractor's Name: ……

……

Third Party/Contractor's Insurance Details: ……

……

……

……

PART 4: LOCATION OF INCIDENT (Please tick appropriate box)

Car Park	☐	Entrance/Exit	☐	Office Areas	☐
Bar	☐	Internal Ramp	☐	Toilet Area	☐
Food Area	☐	Range	☐	Other	☐

If other, please describe:.....

.....

PART 5: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person: Cause

Lack of Barrier	☐	Uneven Floor	☐	Rainwater on Floor	☐
Tripped over Object	☐	Barrier/Signs	☐	Steps/Stairs	☐
Floor Slippery (Surface)	☐	Car Park Stops/Bollards	☐	Inadequate Lighting	☐
No Apparent Reason	☐	Person Running	☐	Other	☐

If other, please describe: .....

.....

Type of surface

Tile	☐	Carpet	☐	Speed Hump	☐
Timber	☐	Bitumen	☐	Dirt/Grass/Garden	☐
Vinyl	☐	Concrete	☐	Other	☐

If other, please describe: .....

.....

Other

Falling Objects	☐	Water Damage	☐	Shooting Activity	☐
Other	☐				

If falling objects or other, please describe: .....

.....

Was Injured Person

Reasonable	☐	Upset	☐	Aggressive	☐

Add relevant comments: .....

.....

Range Officer on Duty: .....

Record of Incident

Video/Closed Circuit	☐	Photo	☐	None	☐

DECLARATION

I declare that:

- I am authorised on behalf of the Insured(s) to make this report
- The information in this Form is true and correct

Signature: ……

Name: ……

Title: ……

Date: ……