

# Personal Injury Incident Form

Please do not include any statement or comment on this form which could be construed as an admission of fault.

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details						
Insured name or company						
Policy number (if known)				Point of contact		
Phone number			Email			
Are you registered for GST purposes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have an ABN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ABN	

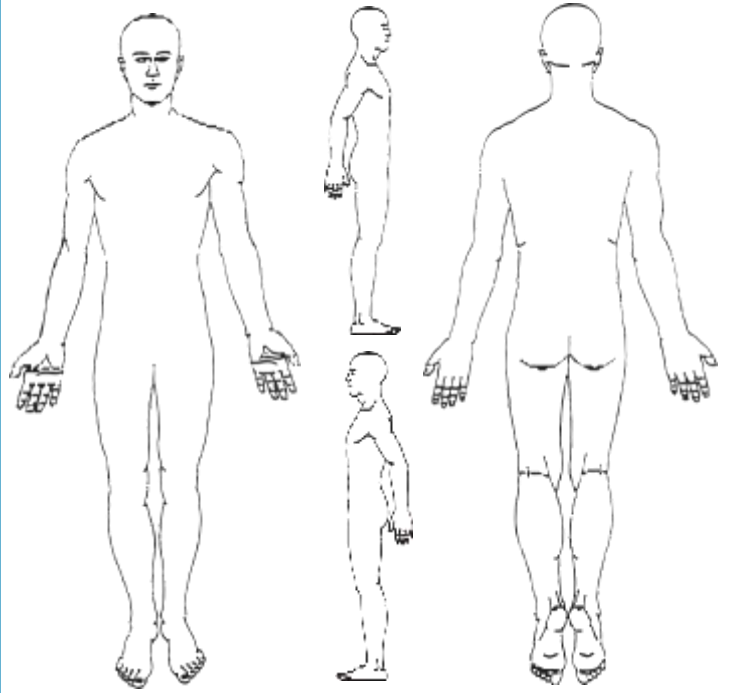
2. Third Party Details				
Name of person			Approx. age	
Address				
Suburb			State	

If more than one person was involved in the incident, please attach a separate page

3. Details Of The Incident				
Date			Time	
Location the incident occurred				
Describe the environment where the incident occurred?				

4. State Clearly How The Accident/Incident Occurred
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Please identify areas of injury to the third party.

Who reported the incident?

Was the incident reported to the police, workcover or any other authority?  Yes  No

If yes, please provide further details such as police report number

How was the incident reported?  Phone  Email  In person

Reported to  Position

### 5. Witness Details

(Witnesses cannot be friends, family or someone who you know)

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone number	<input type="text"/>	Email	<input type="text"/>

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone number	<input type="text"/>	Email	<input type="text"/>

### 6. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Insurance Brokers in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at <https://www.pscinsurance.com.au/privacy-statement/>, including for processing this claim.

Name			
Signature		Date	