LIABILITY INCIDENT REPORT FORM (injury)

This form must be completed by a representative of Dogs NSW as soon as they become aware of an incident that may give rise to a claim. This form should be returned to SHC within 7 days so the insurer can be notified of the potential claim.

INSURED NAME:	**Royal New South Wales Canine Council Ltd – t/as: Dogs NSW (policy #: 10M6718762)**
ADDRESS:	"The Bill Spillstead Complex For Canine Affairs", 44 Luddenham Road, ORCHARD HILLS, NSW, 2748

DATE REPORTED:		**TIME REPORTED:**			
DATE OF INCIDENT:		**TIME OF INCIDENT:**		**DAY OF WEEK:**	
EXACT LOCATION OF INCIDENT:					

INCIDENT REPORT COMPLETED BY:	
INCIDENT REPORTED TO:	

TIME INCIDENT LOCATION INSPECTED:		**INSPECTED BY:**	

PART 1: INJURED PERSON DETAILS

FIRST NAME:		**SURNAME:**			
ADDRESS:		**STATE:**		**POSTCODE:**	
PHONE:		**MOBILE:**			
EMAIL:					
DATE OF BIRTH:	(approx or guess if unknown)	**GENDER:**	☐ MALE	☐ FEMALE	
OTHER DETAILS:	☐ WALKING STICK	☐ GLASSES	☐ CARRYING GOODS	☐ OTHER IMPAIRMENTS	

PART 2: WITNESS DETAILS (Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident)

FULL NAME OF WITNESS:			
ADDRESS OF WITNESS:			
PHONE:		**MOBILE:**	
EMAIL:			
TYPE OF WITNESS:	☐ Eye Witness ☐ Circumstantial Witness		
RELATIONSHIP:	How do you know the injured person? ☐ Stranger ☐ Friend ☐ Relative ☐ Colleague		
ATTACH STATEMENTS FOR ADDITIONAL COMMENTS (If more than one witness, please provide details)			

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS:

PLEASE RETURN THE COMPLETED FORM TO:
Chris Graham - cgraham@abshow.com.au

T: +61 2 9806 2000
F: +61 2 9806 2099
customerservice@shcorp.com.au
www.savillhickscorp.com.au

SHC Insurance Brokers
Level 2, 2 Glen Street, Milsons Point, NSW 2061
PO Box 523, Milsons Point, NSW 1565
ABN: 96 009 392 125 AFSL: 240867

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED: (Place tick in appropriate box)

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

If other or multiple, please advise:	

NATURE OF INJURY: (Place tick in appropriate box)

☐ Multiple	☐ Minor Bruise - Not Disabling	☐ Concussion/Unconscious (Serious)
☐ Fracture	☐ Major Bruising - Disabling	☐ Burns/Scalds – requiring medical attention
☐ Sprain	☐ Minor Cut/Laceration - No Stitches	☐ Superficial
☐ Dislocation	☐ Cut/Laceration requiring Stitches	☐ No Apparent Injury
☐ Ligament Damage	☐ Minor Concussion	

If Other, describe:	

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

DETAILED DESCRIPTION OF THE INCIDENT: (by insured's representative or independent witness)

WAS INJURED PERSON TAKEN TO:		
☐ TREATMENT BY FIRST AIDER	☐ DOCTOR/HOSPITAL	☐ AMBULANCE
NAME OF FIRST AIDER/ PERSON ATTENDING:		
CONTACT NUMBER OF FIRST AIDER:		
OTHER (Please describe):		

WAS A THIRD PARTY/CONTRACTOR AT FAULT:	☐ YES ☐ NO			
THIRD PARTY/CONTRACTOR'S NAME:				
THIRD PARTY/CONTRACTOR'S PHONE:				
THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS:	Policy Number:		Expiry Date:	
	Insurance Company:			

PART 4: ASSOCIATED PROPERTY DAMAGE (complete if there is also property damage) (please attach photos)

DETAILS OF ITEM DAMAGED:	
VIEWED/INSPECTED BY WHOM:	
PHOTOS TAKEN BY WHOM:	

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

☐ Car Park	☐ Entrance / Exit	☐ Stairs	☐ Car Park Ramps
☐ Office Areas	☐ Escalators	☐ Bar	☐ Internal Ramp
☐ Elevators	☐ Toilet Areas	☐ Children's Play Area	☐ Restaurants
☐ Food areas	☐ Balcony	☐ Gaming areas	

If Other, describe:	

PART 6: TYPE OF INCIDENT (Please tick in appropriate box)

Slip, Trip or Fall of Person: Caused by

☐ No apparent reason	☐ Tripped over object	☐ Food on floor	☐ Lack of Barrier
☐ Uneven Floor / Ground	☐ Rainwater on floor	☐ Beverage / Liquid on floor	☐ Barrier / Signs
☐ Uneven Steps / Stairs	☐ Floor Slippery (Surface)	☐ Car Park Stops / Bollards	☐ Inadequate Lighting
☐ Person was running	☐ Vomit / Bodily Fluids	☐ Other	

If Other, describe:	

OR Caught in:

☐ Door	☐ Escalator / Elevator	☐ Machinery	☐ Other

If Other, describe:	

Stepping on or Striking Against:

☐ Display Stands	☐ Escalator / Elevator	☐ Sharp Edges / Protruding Objects
☐ Doors	☐ Uneven Floor / Ground	☐ Other

If Other, describe:	

Other

☐ Falling Objects	☐ Water Damage
Please describe:	

Type of surface

☐ Marble	☐ Tile	☐ Carpet	☐ Speed hump	☐ Terrazzo
☐ Timber	☐ Bitumen	☐ Dirt/grass/garden	☐ Slate	☐ Vinyl
☐ Concrete	☐ Other			

If Other, describe:	

WAS INJURED PERSON:	☐ Reasonable	☐ Upset	☐ Aggressive
Add relevant comments:			

PART 7: CLEANING DETAILS

CLEANER ON DUTY:		**CLEANING SUPERVISOR:**	
TIME LAST CLEANED:		**TIME LOCATION LAST INSPECTED:**	

PLEASE ATTACH WRITTEN STATEMENT (If appropriate)

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