



Hospitality

Liability Incident Report

vL0621

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting

Hospitality Claims

GPO Box 541

Brisbane QLD 4001

claims.au@penunderwriting.com

PRIVACY

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Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Incident Report fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

1. **Policy Number:**

2. **Particulars of Insured**

Location:

Telephone Number:

Date of Incident:

Time of Incident:

Date Incident reported:

Reported to:

Form completed by:

3. **Details of Injured Party**

Name of injured person or owner of damaged property:

Address:

.....

Telephone:

Age:

4. **Details of Incident**

What was reported?

.....

.....

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What was the extent of the injuries or damage that you observed?

.....

.....

.....

.....

Were there any contributing factors (e.g. Shoe type, parcels, existing disabilities) ☐ Yes ☐ No

If **Yes**, please provide details:

.....

.....

What was the cause of the incident as determined by you during your enquiries?

.....

What other information did you find out during your enquiries?

.....

.....

5. Floor

What is the floor surface?:

Was the floor wet or dry?.....

When was the floor was last cleaned?

6. Witnesses

List the contact details for any witnesses:

Name	Address	Phone
.....
.....
.....
.....

7. Has any notice of claim been indicated either verbally or in writing? ☐ Yes ☐ No

If **Yes**, please provide details:

.....

Please provide any additional information:

.....

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DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date:

Full Name:.....

Title: