



# Hospitality & Leisure

*Shopping Centre Incident Report*

vL0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting

Hospitality & Leisure Claims

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Brisbane QLD 4001

[claims.au@penunderwriting.com](mailto: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.

Policy Number: .....

### Particulars of Shopping Centre

Centre Name: .....

Date of occurrence: .....

Time of occurrence: ..... am/pm

Date incident reported: .....

Time incident reported: ..... am/pm

Name of person completing this report: .....

***Note: Facts Only – No Assumptions are to be made***

### Injured Party Information

Name of Injured Person: .....

Home Address: .....

Phone: Home ..... Business: .....

Contact Number: Business: ..... Mobile: .....

Date of Birth: .....

Occupation: .....

Was the person wearing glasses? ☐ Yes ☐ No

### Incident Details

Estimated time of incident: ..... am/pm

What were the weather conditions? ☐ Wet ☐ Dry ☐ Sunny ☐ Overcast

Does the injured person suffer from any visible disability? ☐ Yes ☐ No

If **Yes**, please provide details: .....

Does the injured person take any medication? ☐ Yes ☐ No

If Yes, please provide details: .....

Does the injured person suffer from fainting fits or giddiness? ☐ Yes ☐ No

Does the injured person suffer from Epilepsy? ☐ Yes ☐ No

Is the injured person pregnant? ☐ Yes ☐ No

Did any impediment or obstruction cause the accident? ☐ Yes ☐ No

If Yes, please provide details: .....

What was the exact location of the accident? .....

#### Treatment

Nature of Injury or Damage: .....

Treatment at Centre Office and/or comment of attendant: .....

Was an ambulance necessary: ☐ Yes ☐ No

If **Yes**,

What time was the ambulance called: ..... am/pm

What time did the ambulance arrive on the scene? ..... am/pm

What time did the ambulance depart from the scene? ..... am/pm

What was the name of the ambulance officer(s)? .....

#### Witness Comments

Name	Relationship	Title	Contact Ph No	Comments

Was the accident site investigated? ☐ Yes ☐ No

If **Yes**,

By whom? .....

What was found? .....

Did the incident involve a slip and/or fall? ☐ Yes ☐ No

If **Yes**,

Was food, drink or other substance found when site was investigated? ☐ Yes ☐ No

When was this area last cleaned? .....

How often is the area cleaned? .....

Has a copy of this form been presented to Centre Management? ☐ Yes ☐ No

## 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: .....