

Hospitality and Leisure Incident Report



IMPORTANT NOTICES

Please send your completed Incident Report to

Hospitality and Leisure
GPO 4431
Sydney NSW 2001

Email: HLclaims@penunderwriting.com

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
Email: ldraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Level 19, 347 Kent Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

Hospitality and Leisure Incident Report



INSTRUCTIONS

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

- All questions must be answered in full. Any questions left unanswered or incomplete may delay processing. If there is insufficient space, please provide further details on your letterhead.
- Please attach all supporting documentation.
- All attachments form part of this form and are subject to the Declaration.
- The issue and acceptance of this form does not constitute an admission of liability by Underwriters or a waiver of their rights.

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:

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?

Hospitality and Leisure Incident Report



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

Hospitality and Leisure Incident Report



Declaration

I/We declare that:

- I have read and understood the Important Notices accompanying this Incident Report.
- The answers and information given in this Incident Report are true and correct in all respects.
- I/We have read the Privacy Statement on this Incident Report and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement.
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement.

Signature:

Date:

Full Name:

Title: