

INCIDENT REPORT FORM

FOR PERSONAL INJURY
OR 3RD PARTY PROPERTY DAMAGE



This form can be used for notification of instances involving personal injury to, or property damage of, third parties occurring on denominational property or during denominationally sponsored activities.

This is NOT a claim form and must NOT be completed by a potential claimant nor should it be used for workers compensation claims.

- If the incident is serious, phone Risk Management Service as soon as practicable. (02) 9847 3372.
- **DO NOT ADMIT LIABILITY.**
To do so may prejudice your liability protection.

SECTION 1: SDA ORGANISATION

Name of SDA Institution / Church / School					
Suburb:		State:		Postcode:	
Country:					

SECTION 2: INCIDENT DETAILS

Date & Time of Incident	DD / MM / YYYY	Time:	:	AM / PM:	
Exact location of Incident					
Suburb:		State:		Postcode:	
Country:					
Type of Activity					

In the space below, please provide a full description of what happened.

Attach a separate statement if space insufficient.

Names of all persons directly involved:		

Was a registered motor vehicle involved? No Yes If yes, provide details below.

Vehicle owner		REGO No.	
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Were Police called? No Yes If yes, provide details below.

Officer's Name		Station:	
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SECTION 3: DAMAGE TO THIRD PARTY PROPERTY

If the incident has resulted in damage to a third-party's PROPERTY please provide details below about the organisation that the damage relates to. If the incident resulted in injury to an individual, please ignore this section and go to Section 3.

Property Owner:	Name of the person or organisation whose property has suffered the damage.		
Postal Address:			
Suburb:		State:	
		Postcode:	
Country:			
Phone number/s:			
Email address:			
Description of Damage:			

SECTION 4: INJURY TO PERSON

If the incident has resulted in INJURY to a person please provide details below about the injured person.

Name of injured:		Gender:		Age:	
Postal Address:					
Suburb:		State:		Postcode:	
Country:					
Phone number/s:					
Email address:					

In the section below, we ask you to provide details about the injury that has occurred to the individual named above.

Describe the Injury:	
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Was the injury serious in nature? No Yes

If yes, give details:	
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SECTION 4 continued: INJURY TO PERSON

Was any first aid treatment given? No Yes

Name of person who gave first aid:

Postal Address:

Suburb: State: Postcode:

Name of Doctor:

Doctor's postal address:

Suburb: State: Postcode:

Doctor's medical diagnosis (if known):

Ambulance Depot: Hospital:

SECTION 5: WITNESS DETAILS

Please provide details of any witnesses of the incident. Please obtain and forward any written statements to the Local Conference and RMS.

Name of Witness 1

Address:

Email: Phone:

Name of Witness 2

Address:

Email: Phone:

Name of Witness 3

Address:

Email: Phone:

SECTION 6: ORGANISER / CONTROLLER OF ACTIVITY

In this section we ask you to provide details about the activity organiser or controller.

Name of Organiser

Address:

Phone number/s:

Email address:

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CLAIM POTENTIAL

Please tick which of the below best describes the claim potential of this incident.

No claim has been made

Claim made in writing.

Please keep a copy of intent to claim for your records and attach the original document to this report.

Claim made verbally.

Please record below the content of any verbal claim.

Attach a separate sheet if space insufficient.

SECTION 7: DECLARATION

I/We declare that the answers provided are true and correct to the best of our knowledge and belief and that the information detailed is a true and faithful account of the actual loss sustained.

Yes

Your Name:

Your Job Title:

Signature:

Date:

DD / MM / YYYY

NEXT STEPS...

1. Attach ORIGINALS of all correspondence, accounts, and other documents relating to the incident.
2. Keep copies of all documents for your own records.
3. Immediately advise RMS and your organisation's principal/manager of any further developments.

SEND COMPLETED FORM TO:

Email: info@rms.org.au

Post: Locked Bag 2014, Wahroonga NSW 2076

In person: 148 Fox Valley Road, Wahroonga NSW

SEND COPY TO:

Your SDA organisation's administrative office.
For example, the Local Conference or School entity.

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