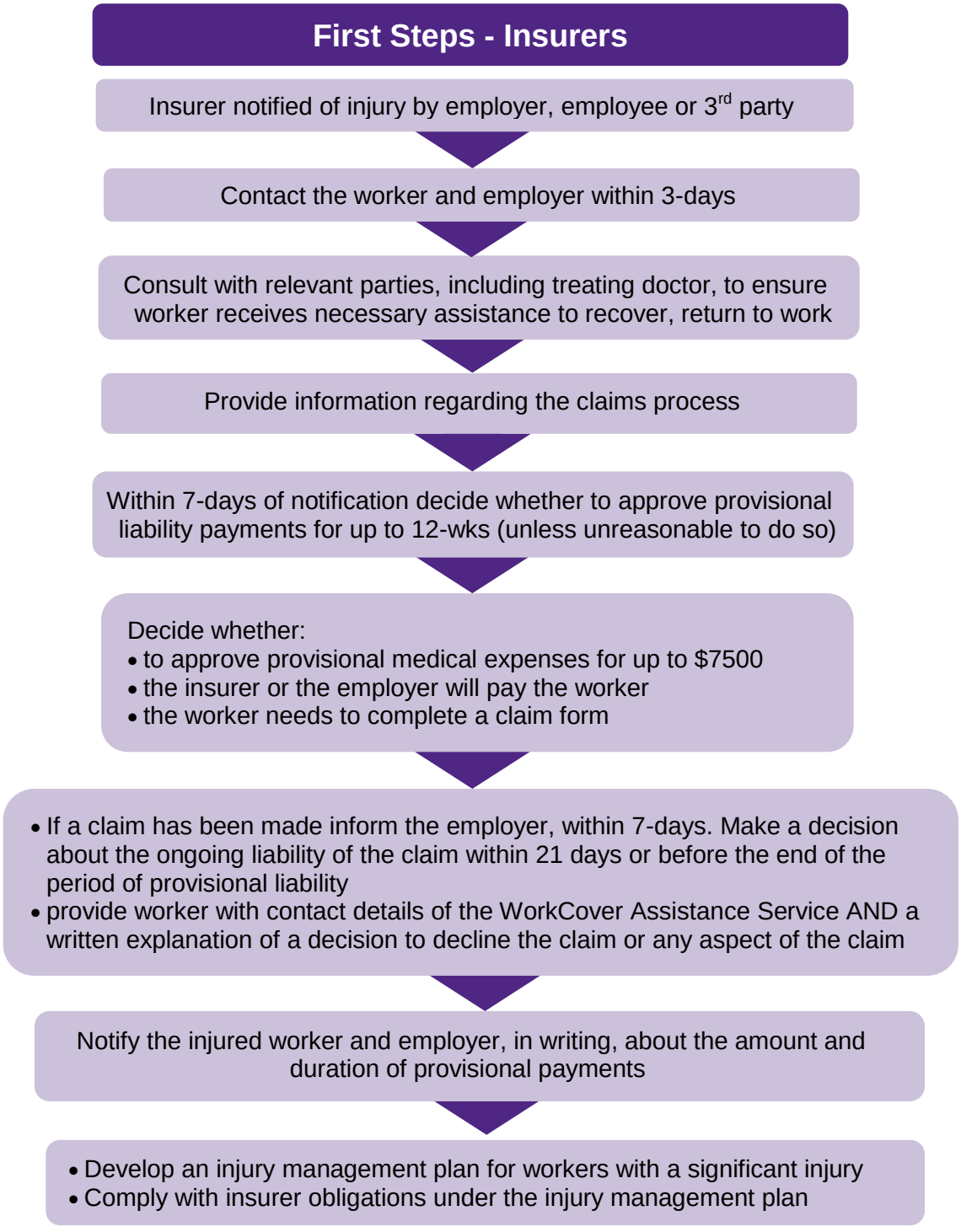
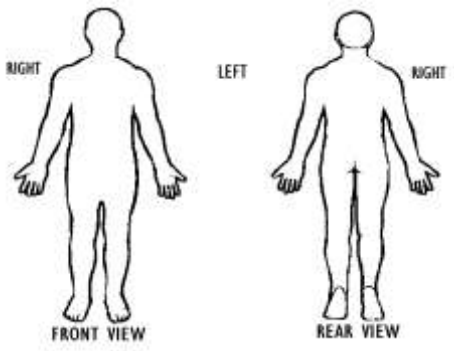
First Steps in the Claims Process: Insurers



Sample Incident Form

Instructions: Please complete within 24 hours of the event occurring, and forward to Manager immediately. *Please attach extra sheets if you require more on this form.*

INCIDENT FORM - Part A: Details of incident (eg property, plant or environmental damage)			
Date of incident		Time of incident	am / pm
Nature of incident	Physical assault Verbal assault Slip and/or trip Self-harm Near miss (i.e. incident nearly occurred and could be prevented in the future) Left premises Medical condition Other		
Location of incident			
Description of incident			
Name of person who received the report		Telephone	

INCIDENT FORM - Part B: Details of injury (e.g. to a staff member or client) and treatment			
Date of incident		Time of incident	am pm
Name of injured person		Date of birth	
Exact site location where injury occurred		Telephone	
Activity in which the person was engaged at the time of injury	*(e.g. during a visit, in a break, in the office)*		
Nature of injury	Sprain / strain Open wound Fracture Bruising (contusion) or crushing Burn Psychological injury (e.g. from aggression or harassment) Slip, trip or fall Object in the eye Choking		
Body location of injury if physical (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	

Referral for further treatment?	☐ Yes Name of doctor or hospital: ☐ No	Medical certificate received?	☐ Yes Attach copies ☐
Injury management required?	☐ Yes Notify return to work coordinator ☐ No	Name of return to work coordinator	
Reported to authorities	☐ Yes Provide details (when and whom): ☐ No		

Witness to event (each witness may be contacted to provide an account of what happened)			
Witness name		Witness phone number	
Witness name		Witness phone number	

INCIDENT FORM - Part C: Notification:	**Notifiable Incident?** ❑ No ❑ Yes
If it is a notifiable incident, has NSW WorkCover and or Insurer notified? ❑ No ❑ Yes	
Body Notified ❑ NSW WorkCover ❑ Insurer	Date and time of notification
Method of notification	Name of notifier

INCIDENT FORM - Part D: Investigation and Follow-Up
What actions (if any) contributed to this incident?
What were the reasons for these actions?
What conditions (if any) contributed to this incident?
What were the reasons for these conditions existing?
Provide details of any further action required *eg changes to training, equipment modifications, changes to procedures*

INCIDENT FORM - Part E: Action Plan			
Preventative actions *include what needs to be done, who will do it and when it will be done*			
Person to action:		Due Date:	
Actions complete: ❑ No ❑ Yes		❑ Due date extended to:	
Additional comments:			
Completed by			
Name		Position	
Signature		Date	
Manager's Signature		Date	

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