Marsh Advantage Insurance Pty Ltd
ABN 31 081 358 303
GPO Box 1229
MELBOURNE 3001

INCIDENT REPORT

PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED

Club:					
Date Reported:		Time Reported:			
Exact Location:					
Date of Incident:		Time of Incident:		Day Of Week:	
Incident Report Completed By:		Incident Reported To:			
Time Incident Location Inspected:		Inspected By:			

PART 1 – INJURED PERSON DETAILS

Name:	Surname		Given Names		
Address:					
		State:		Post Code:	
Telephone (AH):		Telephone (BH):			
Mobile:					
Date of Birth:	(Approx. or guess if unknown)		Sex:	☐ Male	☐ Female
Walking Stick ☐	Glasses ☐	Carrying Goods ☐	Intoxicated ☐	Other Impairments ☐	

PART 2 – WITNESS DETAILS * (*Eyewitness who witnessed the incident; circumstantial witness who witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment)

Attach Statements for Additional Comments				
Name of Witness to accident:	Surname		Given Names	
Address of Witness to Accident:				
		State:		Post Code:
Telephone (AH):		Telephone (BH):		
Mobile:				
Type of Witness:	Eye Witness ☐		Circumstantial Witness ☐	
Relationship to Injured Person:				
(If more than one witness, please provide details)				

PART 2 – WITNESS DETAILS (continued)

If another party responsible please provide details

PART 3 – PERSONAL INJURY DETAILS

Part Of Body Injured (Place tick in appropriate box)					
Address:					
Head & Neck	☐	Hip	☐	Hands/Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back & Trunk	☐	Arms/Wrists	☐	Feet	☐
If Other, or multiple, please describe					

Nature of Injury (Place tick in appropriate box)					
Multiple	☐	Minor Bruise – Not Disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruising – Disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor Cut/Laceration – No Stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring Stitches	☐	No Apparent Injury	☐
		Ligament Damage	☐	Minor Concussion	☐
If Other, describe					

Description of and sequence of events leading up to the incident (as described by injured party)

Description of Incident (by you or independent witness – including an un-biased view on whether the injured person contributed to the injury)

Was Injured person taken to					
Treatment by First Aider	☐	Doctor/Hospital	☐	Ambulance	☐
Name of first aider/person attending:			Contact Number:		
Other (please describe):					

PART 3 – PERSONAL INJURY DETAILS (Continued)	
If Third Party/Contractor at fault	
Third Party/Contractor Name:	
Third Party/Contractor's Insurance Details:	

PART 4 – PROPERTY DAMAGE (complete if there is property damage)	
Item Damaged:	
Details:	
If viewed and by whom:	
Photos taken and by whom:	

PART 5 – LOCATION OF INCIDENT (please tick in appropriate boxes)					
Car Park	☐	Entrance/Exit	☐	Stairs	☐
Court/Playing Surface	☐	Office Areas	☐	Escalators	☐
Bar	☐	Internal Ramp	☐	Toilet Areas	☐
Gym Floor	☐	Children's Play Area	☐	Restaurants	☐
Food Areas	☐	Balcony	☐	Gaming Areas	☐
Dance Floor	☐				
If other please describe					

PART 6 – TYPE OF INCIDENT (please tick in appropriate boxes)					
Slip and Fall of Person: Cause					
Chips	☐	Lack of Barrier	☐	Uneven Floor	☐
Ice Cream	☐	Rainwater on floor	☐	Tripped over Object	☐
Beverage	☐	Barrier/Signs	☐	Steps/Stairs	☐
Floor Slippery (Surface)	☐	Vegetable/Fruit items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other Food	☐	No Apparent Reason	☐
Person Running	☐	Vomit	☐		
If other please describe					
Or Caught In					
Door	☐	Escalator/Elevator	☐	Machinery	☐
Other	☐				
If other please describe:					
Stepping on or Striking Against:					
Display Stands	☐	Escalator/Elevator	☐	Other	☐
Sharp Edges/Protruding Objects	☐	Doors	☐		

PART 6 – TYPE OF INCIDENT (please tick in appropriate boxes) (continued)							
If other please describe:							
Other							
Door	☐	If Falling Objects, please describe:					
Water Damage	☐						
Type of Surface							
Marble	☐	Tile	☐	Carpet	☐	Speed hump	☐
Terrazzo	☐	Timber	☐	Bitumen	☐	Dirt/Grass/Garden	☐
Slate	☐	Vinyl	☐	Concrete	☐	Other	☐
If other please describe:							
Was Injured Person							
Reasonable	☐	Upset	☐	Aggressive	☐	Add Relevant Comments	
Cleaner on Duty:				Cleaning Supervisor:			
Time Location Last Inspected:				Time Last Cleaned:			
Please attach written statement from Cleaner (if appropriate)							
Record of Incident							
Video/closed circuit	☐	Photo	☐	None	☐		

Signature:	
Name:	
Date:	

masters swimming AUSTRALIA

PLEASE EMAIL YOUR COMPLETED FORM TO YOUR MSA BRANCH

MSNSW: admin@mastersswimmingnsw.org.au
MSNT: jpjw@iinet.net.au
MSQ: admin@mastersswimmingqld.org.au
MSSA: mssasecretary@adam.com.au
MST: mastersswimmingtasmania@gmail.com
MSV: admin@mastersswimming.org.au
MSWA: masters.admin@mswa.asn.au

FOR POSTAL ADDRESSES VISIT:

https://mastersswimming.org.au/about/branches-and-affiliated-clubs/

MARSH & McLENNAN COMPANIES