INCIDENT REPORT FORM

More than just Insurance

THIS FORM SHOULD BE KEPT AS A RECORD OF ALL INCIDENTS REPORTED.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS.

NATIONAL OFFICE:
TEL 0861 2627873
FAX 011 326 3613
e-mail: info@bnbsure.co.za

INSURED: ______________________________ SOUTH AFRICAN POLICE CASE NUMBER: ________________

DATE REPORTED: _________________________ TIME REPORTED: ________________

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

FORENAME(S): ____ SURNAME: ____________________________

ADDRESS: ____

TELEPHONE NO: (Home) ___________________ (Business) ___________________ (Mobile) ___________________

DATE OF BIRTH: _______________________ (approx or guess if unknown) MALE ☐ FEMALE ☐

Walking Stick ☐ Glasses ☐ Carrying Goods ☐ Intoxicated ☐

Other Impairments ☐ If Impaired, Please Provide Details: ___________________________

PART 2: INCIDENT DETAILS

* by you or independent witness – including an un-biased view on whether the injured person contributed to the injury

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PART 3: WITNESS* DETAILS

* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

FORENAME(S): ____ SURNAME: ____________________________

ADDRESS OF WITNESS: ____

TELEPHONE NO: (Home) ___________________ (Business) ___________________ (Mobile) ___________________

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON: ____

(If more than one witness, please provide details) ____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: ____

PART 4: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands / Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee / Leg	☐
Back & Trunk	☐	Arms / Wrists	☐	Feet / Toes	☐

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 wound	☐
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)

INCIDENT REPORT FORM

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____

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐ AMBULANCE ☐ DOCTOR/ HOSPITAL ☐

IF TAKEN TO A DOCTOR/ HOSITAL, PLEASE DETAIL PERSON/ PLACE OF CONSULTATION: ______________________

NAME OF FIRST AIDER/ PERSON ATTENDING: ____________________ CONTACT NO: ______________

☐ OTHER (Please describe): ________________________________

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME: ________________________

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS (INCLUDE POLICY NUMBER): ________________________

PART 5: PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED: ____

INCIDENT DETAILS: ____

IF VIEWED AND BY WHOM: ____

PHOTOS TAKEN AND BY WHOM: ____

PART 6: LOCATION OF INCIDENT (Please tick in appropriate box)

Car Park	☐	Entrance/Exit	☐	Stairs	☐
Car Park Ramps	☐	Office/Reception Areas	☐	Escalators	☐
Bar	☐	Internal Ramp	☐	Elevators	☐
Toilet Areas	☐	Children's Play Area	☐	Restaurants	☐
Food areas	☐	Balcony	☐	Gaming areas	☐
Dance Floor	☐	Swimming Pool Area	☐	Beach	☐

If Other, describe: ____

IF INCIDENT OCCURRED OUTSIDE, PLEASE DETAIL WEATHER CONDITIONS: ____________

PART 7: TYPE OF INCIDENT (Please tick in appropriate box)

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, describe: ________________________________

OR Caught in:

Door	☐	Escalator/Elevator	☐	Machinery	☐
Other	☐	If Other, describe: ____________			

Stepping on or Striking Against:

Display Stands	☐	Escalator/Elevator	☐	Doors	☐
Sharp Edges/Protruding Objects	☐	If Other, describe: ____________			

Other:

Falling Object(s) ☐ If Falling Object(s), please describe: ________________________

Water Damage ☐

Type of surface:

Marble	☐	Tile	☐	Carpet	☐	Speed hump	☐
Terrazzo	☐	Timber	☐	Bitumen	☐	Dirt/grass/garden	☐
Slate	☐	Vinyl	☐	Concrete	☐		

If Other, describe: ________________________________

WAS THE INJURED PERSON: Reasonable ☐ Upset ☐ Aggressive ☐

Add relevant comments: ________________________________

NAME OF CLEANER ON DUTY: ____________________ CLEANING SUPERVISOR: ____________________

TIME LOCATION LAST INSPECTED: ____________________ TIME LAST CLEANED: ____________________

PLEASE ATTACH WRITTEN STATEMENT FROM CLEANER (If appropriate)

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RECORD OF INCIDENT: Video/closed circuit ☐ Photo ☐ None ☐