THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Public Liability Claim Form

(Use for Third Party Personal Injury Claim)

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

1. Insured:

2. Date Reported:

3. Time Reported:

4. Exact Location:

5. Date of Incident:

6. Time of Incident:

7. Day of Week:

8. Incident report completed by:

9. Incident reported to:

10. Time incident location inspected:

11. Inspected by:

A INJURED PERSON DETAILS (THIRD PARTY)

1. Name:

2. Address:

3. Telephone:

5. Email:

4. Date of Birth:

6. Gender:

☐ Male ☐ Female

7. Features:

☐	Walking Stick	☐	Intoxicated
☐	Glasses	☐	Carrying Goods
If Other, please specify:			

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B WITNESS DETAILS

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

Attach Statements for Additional Comments

1. Name of witness to accident:

2. Address of Witness:

3. Telephone:

4. Type of Witness: ☐ Eye Witness ☐ Circumstantial Witness

5. Relationship to injured person (if more than one witness, please provide details):

6. If another party responsible, please provide details:

C PERSONAL INJURY DETAILS

1. Please select where appropriate:

(a) Part of the body injured

☐	Head & Neck	☐	Hip	☐	Hands or Fingers
☐	Eyes or Face	☐	Shoulder	☐	Leg or Knee
☐	Back & Trunk	☐	Arms or Wrists	☐	Feet or Toes
If Other, please provide details:					

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(b) Nature of the injury

☐	Fracture	☐	Ligament Damage	☐	Minor Cut / Laceration – No Stitches
☐	Sprain	☐	Minor Bruise – Not Disabling	☐	Superficial
☐	Minor Concussion	☐	Concussion / Unconscious (Serious)	☐	No Apparent Injury
☐	Burns / Scalds – Requiring Medical Attention				
If Other, please provide details:					

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

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

4. Was the injured person taken to:

☐	Treatment by First Aider	☐	Doctor / Hospital	☐	Ambulance

5. (a) Name of First Aider / Person Attending:

(b) Contact Number:

(c) If Third Party / Contractor at fault, please state their name:

(d) Third Party / Contractor's insurance details

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D LOCATION OF INCIDENT

1. Please tick in the appropriate box

☐	Car Park	☐	Entrance / Exit	☐	Escalators
☐	Car Park Ramps	☐	Office Areas	☐	Elevators
☐	Bar	☐	Internal Ramp	☐	Restaurants
☐	Toilet Areas	☐	Children's Play Area	☐	Gaming Areas
☐	Food Areas	☐	Balcony	☐	Stairs
☐	Dance Floor				
If Other, please provide details:					

E TYPE OF INCIDENT

1. Please select the type of incident where appropriate:

(a) 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 provide details:					

(b) Caught in:

☐	Door	☐	Machinery	☐	Escalator or Elevator
If Other, please provide details:					

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(c) Stepping or Striking against:

☐	Display Stands	☐	Escalator or Elevator	☐	Protruding Objects
☐	Sharp Edges	☐	Doors		
If Other, please provide details:					

(d) Other

☐	Falling Objects	☐	Water Damage
If Falling Objects, please provide details:			

(e) Type of Surface

☐	Marble	☐	Tile	☐	Carpet
☐	Terrazzo	☐	Timber	☐	Bitumen
☐	Slate	☐	Vinyl	☐	Concrete
☐	Speed Hump	☐	Dirt / Grass / Garden		
If Other, please provide details:					

2. Reaction of the injured person

☐	Reasonable	☐	Upset	☐	Aggressive
Add relevant comments below:					

3. Cleaner Details:

(a) Cleaner on Duty:

(b) Cleaning Supervisor:

(c) Time of Last Inspection:

(c) Time Last Cleaned:

PLEASE ATTACH WRITTEN STATEMENT FROM CLEANER (IF APPROPRIATE)

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4. Record of Incident:

☐	Video / Closed Circuit	☐	Photo	☐	None

PRORISK PRIVACY STATEMENT

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 03 9235 5255 EST 9:00am-5:00pm, Monday-Friday and advise us of the changes.

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____