report of accident



	e completed by the policyholder not by the apleted when the accident causes damage to accudent of the public.	Nature and extent of injuries		
Section 1 details of policyh				
Name of policyholder Address	Postcode	Name of doctor and/or hospital (if applicable) Was there any third party property damage?		
Telephone Before Hours		No Yes Please state name(s) and address(es) of owner(s)		
Telephone After Hours	()	Owner 1	[
Occupation/Trade		Name of owner		
Policy Number		Address		
ABN				Postcode
ITC %		Nature and extent of property damage]
Location of Loss				
Section 2 details of accide	ent/injury			
Date of accident Time of accident	am/pm	Owner 2 Name of owner Address		
Was there any personal injury? No Yes Please state name(s) and address(es) of injured person(s)		Nature and extent of pr	Postcode property damage	
Injured Person 1				
Name of injured person				
Address	Postcode	Is the third party		
Nature and extent of injuries		An employee of the pol	icyholder?	No Yes
		An employee of a subc	ontractor?	No Yes
		A member of the policy	holder's family?	No Yes
Name of doctor and/or	hospital (if applicable)	Ordinarily a resident of	the policyholder's home?	No Yes
Injured Person 2				
Name of injured person				
Address	Postcode			

Has the claim been intir	nated			
Verbally? No	Yes To whom?			
In writing? No	Yes Please attach correspondence.			
Name of employee in charge at the time of the accident				
Please give details of all	I the witnesses			
Witness 1 Name				
Witness 1 Address				
	Postcode			
Witness 2 Name				
Witness 1 Address				
	Postcode			
Witness 3 Name				
Witness 3 Address				
	Postcode			
Witness 4 Name				
Witness 4 Address	Postcode			
Witness 5 Name				
Witness 5 Address	Postcode			
State fully and clearly th	e circumstances surrounding the accident			
		Signature		
		Date		