INCIDENT REPORT

This form should be used for notification of all instances involving personal injury to, or property damage of, third parties occurring on denominational property or during denominationally sponsored activities. This is not a claim form and should not be completed by a potential claimant.

INSTITUTION/CHURCH/SCHOOL……

ADDRESS……..

……POSTCODE……

PHONE…… FAX……

SEVENTH-DAY ADVENTIST CHURCH

Risk Management Service
(Trading Name)
(ABN 21 113 941 307)

148 Fox Valley Road
Locked Bag 2014
WAHROONGA NSW 2076, Australia
Telephone (02) 9847 3375
Facsimile (02) 9489 7428
E-Mail rms@adventist.org.au

INJURED PERSON	NAME …… ADDRESS …… ……POSTCODE …… PHONE……SEX……AGE……
DETAILS OF INJURY OR PROPERTY DAMAGE	APPARENT INJURY OR PROPERTY DAMAGE…… …… …… …… WAS THE INJURY OF A SERIOUS NATURE? YES / NO IF YES, GIVE DETAILS …… ……
TREATMENT GIVEN (IF ANY)	FIRST AID GIVEN BY …… ADDRESS…… TREATED BY DOCTOR (Name)…… ADDRESS…… MEDICAL DIAGNOSIS BY DOCTOR (IF KNOWN)…… AMBULANCE INVOLVED? YES / NO DEPOT:…… HOSPITAL TREATMENT? OUTPATIENT/ADMITTED…… NAME OF HOSPITAL……
WHEN, WHERE, HOW	DATE OF INCIDENT ……20……TIME……AM/PM EXACT LOCATION…… FULL DESCRIPTION OF INCIDENT INCLUDING TYPE OF ACTIVITY & NAMES OF ALL PERSONS DIRECTLY INVOLVED…… …… …… …… …… *(Attach separate statement if space insufficient)* WAS A REGISTERED MOTOR VEHICLE INVOLVED? YES / NO IF YES, GIVE DETAILS…… WERE POLICE INVOLVED? YES / NO IF YES, GIVE NAME OF OFFICE & STATION……

WITNESSES - OBTAIN & FORWARD WRITTEN STATEMENTS	NAME…… ADDRESS…… ……POSTCODE……PHONE…… NAME…… ADDRESS…… ……POSTCODE……PHONE…… NAME…… ADDRESS…… ……POSTCODE……PHONE……
CLAIM POTENTIAL	HAS ANY CLAIM BEEN MADE? YES / NO IF ANSWER "NO", DO YOU ANTICIPATE A CLAIM WILL BE MADE?…… IF CLAIM HAS BEEN MADE, WAS IT VERBAL / IN WRITING?…… IF "VERBAL", PLEASE GIVE FULL DETAILS…… …… …… …… …… IF "IN WRITING" PLEASE TAKE A COPY FOR YOUR RECORDS AND ATTACH THE ORIGINAL DOCUMENT TO THIS REPORT.
ORGANISER OR CONTROLLER OF ACTIVITY	NAME……TITLE…… SURNAME CHRISTIAN NAME ADDRESS…… ……POSTCODE…… PHONE…… FAX……
SIGNED:……DATE:……20…… OFFICIAL TITLE:……	

NOTE: DO NOT ADMIT LIABILITY! To do so may prejudice your liability protection.

- Mail this report promptly to: Risk Management Service
  Locked Bag 2014
  WAHROONGA NSW 2076
- If the incident is serious, immediately phone (02) 9847 3372 or Fax (02) 9489 7428
- Supply originals of all correspondence, accounts, and other documents relating to the incident.
- Keep copies for your own records.
- Please keep the Risk Management Service promptly advised of any further developments.
- This form is <u>not</u> to be used for workers' compensation claims.