

# General Liability Claim



Level 13, Forrest Centre  
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Perth WA 6000  
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Perth WA 6842  
Tel: (08) 9264 3333  
[riskcover.wa.gov.au](http://riskcover.wa.gov.au)

**IMPORTANT:** No admission of liability, either implied or expressed, should be made. Advise the person(s) making the claim that that the matter has been referred to RiskCover for determination of liability.

## Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

## Claimant details

Last name:	First name:
Date of birth:	
Address:	
Phone:	Email:

## Incident details

Has the incident previously been reported to RiskCover? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, incident number:	
Where did the incident occur?	
Date of incident:	Time: am/pm
Describe how the incident occurred:	
State the allegations made by the claimant (if known):	
Access type at incident location: Restricted access <input type="checkbox"/> Common user access <input type="checkbox"/> General public access <input type="checkbox"/>	

## Personal injury details (if applicable)

What actually happened and what caused the person injury? What action was involved, e.g. – fall, caught between, struck by moving object:
What object/machine/substance was involved, e.g. petrol fumes, wooden door frame:
Describe the most serious injury or disease caused by the occurrence, e.g. fracture, burn, cut, abrasion:

Describe the bodily location of the injury or disease, e.g. upper arm, ankle, eye:
Describe the physical location where the personal injury took place, e.g. playground:

**Damaged or lost property details (if applicable)**

Property owner's last name:
Property owner's first name:
Address:
What property was lost or damaged?
How was the property lost or damaged?
Describe the physical location where the occurrence took place e.g. driveway:
Was the property in the agency's care or custody?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If repairs have been carried out, who should be paid?
(Attach the repairer's report, quotations, invoices and any technical reports to this form)

**Other type claim details (if applicable)**

If the claim is not for personal injury or property loss or damage, provide details:
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**Witness details**

Were there any witnesses to the incident?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:

**General details**

Were the Police in attendance?    Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, report number:
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**Agency declaration and authorisation**

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim against RiskCover on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Title:
Phone:	Email: