Personal Accident Claim

Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000
GPO BOX K837
Perth WA 6842
Tel: (08) 9264 3333
riskcover.wa.gov.au

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 ☐ No ☐ If yes, incident number:		
Where did the incident occur?		
Date of incident:	Time:	am/pm
Date ceased paid work:	Date returned to paid work:	
Describe how the incident occurred:		
State the allegations made by the claimant (if known):		
Access type at incident location: Restricted access ☐ Common user access ☐ General public access ☐		

Personal injury details (if applicable - attach any medical certificates or supporting documentation)

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:

Was the part of the body affected or injured by this occurrence healthy before the occurrence? Yes ☐ No ☐		
If no, provide details:		
Describe the physical location where the personal injury took place, e.g. playground:		
How long has the person been confined to:		
Bed:	From	To:
House:	From	To:
Hospital	From	To:
Name of medical practitioner attending:		
Address of medical practitioner attending:		
Was the claimant admitted to hospital? Yes ☐ No ☐	If yes, name of hospital:	
Has the person required medical or surgical treatment during the past twelve months? Yes ☐ No ☐		
If yes, provide details:		
Is there any income protection insurance(s) covering this claim? Yes ☐ No ☐		
If yes, provide insurance company and policy number:		
Is the person a member of any government or private health insurance fund or scheme? Yes ☐ No ☐		
If yes, provide details:		

Work experience (if applicable)

At the time of the incident what school was the student attending?
Was the student participating in a school organised work experience program? Yes ☐ No ☐
Name of the host employer:
Address of the host employer:
What were the student's duties?
Did the student receive any wages for the work experience programme undertaken? Yes ☐ No ☐

School group activity students (if applicable)

At the time of the incident what school was the student attending?
Was the activity a part of an overnight excursion? Yes ☐ No ☐

Motor vehicle crash (if applicable)

Did the incident involve a motor vehicle crash? Yes ☐ No ☐	If yes, complete the owner and driver details:
Was an online crash report form completed? Yes ☐ No ☐	If yes, crash number:
Make and model of vehicle:	Registration number:
Driver's name:	
Driver's address:	
Driver's contact number:	Email:
Name of insurance company:	
Street and locality where crash occurred:	
Who do you consider to have caused the incident and why?	

Witness details

Were there any witnesses to the crash? Yes ☐ No ☐		If yes, provide details:
Name:		
Address:		
Phone:	Email:	
Name:		
Address:		
PHone:	Email:	

Claimant declaration and authorisation

I declare that the details submitted are true and correct. I hereby authorise any doctor, hospital, clinic or other person to give RiskCover any and all information concerning this claim. Signature: Date:	
Name:	Title:
Phone:	Email:

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: