



Personal Injury/Property Damage Report

Cover number:

Incident number:

(Office use only)

- This form is to be completed by a person claiming against a Government of Western Australia Public Authority (agency) for an incident, accident, personal injury and/or property damage or loss.
- The completed form is to be submitted direct to the agency.
- The agency may refer claims to RiskCover for assessment on behalf of the agency.
- The completion of this form and its receipt by the agency, and/or RiskCover **is not an admission of liability, whether implied or expressed.**
- RiskCover is responsible for assessing claims on behalf of the agency.

Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:

Claimant details

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

Incident details

Date of incident:	Time:	am/pm
Location of incident:		
Describe how the incident occurred:		
Weather conditions at time of incident:		
Who what is considered to have caused the incident and why:		
Describe your injuries and the bodily location of the injury (eg. cut to left arm, etc.):		
Was the incident reported to the Police or other authority? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, report number:		
Did you require medical attention? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is the treatment continuing: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of medical practitioner attending:		
Address of medical practitioner attending:		
What treatment have you received:		
On what dates did you receive medical treatment?	From:	To:
Were you certified unfit for work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide dates:	From:	To:

Witness details (if applicable)

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:	

Property damage/loss (if applicable)

Was the property lost or damaged wholly owned by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, provide details of ownership:	
Name:				
Address:				
Phone:		Email:		
Date of loss or damage:			Time:	am/pm
Was the incident reported to the Police or other authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, report number:	
If yes, advise to whom it was reported and date:				
Describe the location where the loss or damage occurred:				
Describe the circumstances that resulted in the loss or damage:				
Who or what is considered to have caused the loss or damage and why:				
Have any repairs been carried out at the property since the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach repairers report, quotations or invoice				
Is there any other insurance(s) covering this claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, policy number:	
Insurance company:				
Nature of policy:				
Has a claim been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, claim number:	
Schedule of property lost or damaged				
Items lost or damaged	Quantity	Date of purchase	Total replacement cost price	Original purchase price*

*attach proof of purchase if available

Claimant declaration (must be signed by parent or guardian if claimant is under 18 years of age)

I declare that the details submitted are true and correct.	
Signature:	Date:
Name:	
Phone:	Email:
Relationship to claimant if not claimant:	