

# PROPERTY INCIDENT REPORT

REPORTED Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

OFFICE USE: Received by: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Property: \_\_\_\_\_

**Description of incident (attached letter for additional information if required):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. When did the incident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

2. Where did the incident occur? \_\_\_\_\_

3. Was anyone injured?  Yes  No List name: \_\_\_\_\_

4. Was the injury caused by a fault at the property?  Yes  No List fault: \_\_\_\_\_

5. Had you reported the fault to anyone?  Yes  No

Person's name: \_\_\_\_\_ Date: \_\_\_\_\_

Particulars of conversation: \_\_\_\_\_

6. Was anyone else involved? List name: \_\_\_\_\_

Contact details: \_\_\_\_\_

7. Were there any witnesses? List name: \_\_\_\_\_

Contact details: \_\_\_\_\_

8. Was an ambulance called?  Yes  No

9. Was any time off work required?  Yes  No List time off work to date: \_\_\_\_\_ days/weeks

10. Is ongoing medical treatment required? List details: \_\_\_\_\_

11. Did you obtain a medical certificate?  Yes  No Doctor's Name: \_\_\_\_\_

12. Was there any damage to the property?  Yes  No List details: \_\_\_\_\_

Please list any other relevant information relating to the incident: \_\_\_\_\_

I do solemnly and sincerely declare that the information provided is true and correct and has been supplied of my own free will.

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

OFFICE USE: Principal Signature: \_\_\_\_\_