



Claims Management
Australasia Pty Ltd

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In Association with Uniting Resources
– Property Services

Email: uniting@claimsmanagers.com.au

INCIDENT / CLAIM FORM

Organisation: _____ ID: _____

Postal Address: _____

_____ P/Code: _____

Contact Person: _____ Phone: _____

Email: _____ ABN: _____

Date of Loss: / /

Address Loss: _____

How did the Loss Occur: _____

EFT Details: Bank Name: _____ BSB No.: _____

Account Name: _____ Account No. _____

PLEASE COMPLETE THE SCHEDULE OVER OF LOST AND / OR DAMAGED GOODS.

- Please Attach:
1. Copy of Original Receipts.
 2. Copy of any invoices already paid.
 3. Copy of cash proof (petty cash reconciliations etc)

Does all property belong to your organisation? YES / NO

If NO please supply Details of Other Party: Name: _____
Address: _____

Have the police been notified? YES / NO Police Event Number: _____

If NO please supply reason:

I declare that the particulars of this claim are true and correct and that no information has been withheld that may be material to the claim. I understand that any false or misleading information may be punishable by law.

Signature of Authorised Officer: _____ Date: _____

THIRD PARTY DETAILS:
(To be completed for personal injury claims only)

Full Name: _____

Address: _____

Contact No: H _____ W _____ Mobile _____

Occupation: _____

Flat Shoes: High Heels Thongs Other

Carrying parcels: Small Large

Spectacles/Contacts: Walking Aid Other impediments
(Describe)

If accompanied, by whom: _____ Relationship _____

Third Party version of events: _____

CHILD:

Aged under 18 years: Yes / No

Accompanied by an adult: Yes / No

If accompanied by an adult.....

Relationship _____

Adult Name _____

Address _____

WITNESSES

Witnesses No / Yes

Name _____

Contact No. _____

Name _____

Contact No. _____

INJURY:

Describe the injury? _____

Treatment at time?: _____

Incident Location: _____

SITE CONDITIONS:

Briefly Describe Weather Wet / Dry / Not Applicable _____

Lighting Day / Night / Lighted Area etc _____

