

Tasmanian Risk Management Fund

Claim/Incident Report Form

(Excluding workers' compensation, motor vehicle and marine hull claims/incidents)

The Tasmanian Risk Management Fund requires all agencies participating in the Fund to complete this form (or the agency's own form if it has implemented a formalised reporting system) for all liability, personal injury and property incidents/claims and forward the completed form to:

Marsh Pty Ltd, 12-16 St John Street, Launceston TAS 7250

Facsimile: 6333 3270

An incident is defined as "an occurrence giving rise to loss or damage to property, personal injury, or a potential liability which has the possibility of exceeding the agency excess for that particular risk".

Agency details

Agency name	
Division	
Details of person completing this claim/incident report	Name: Position title: Telephone no: Facsimile no: Signature: Date:

General details on claim/incident

Type of claim/incident	(Liability, personal injury, property – may be more than one)
Where did the incident occur?	
How did the incident occur?	
Date and time of incident	
When did the agency first become aware of the incident?	

Action taken

Was assistance provided?	(police, ambulance, fire brigade, member of public, other – please specify)
Were there witnesses to the incident?	(yes/no) (If yes, please provide details) Name: Address: Telephone no: Relationship: Name: Address: Telephone no: Relationship:
Has a copy of this report or details of the incident been given to other agency staff or anybody else?	(yes/no) (If yes, provide details eg. For: remedial action, potential litigation)

Specific questions for incidents/claims involving property

Describe the damage and/or loss suffered	(eg broken window)												
Names and contact details of the property owner(s)													
Description of vehicle and registration number (if claim relates to vehicle damage)													
Describe the damage and/or loss suffered	(eg broken window)												
Estimated cost of incident	<table border="1"> <thead> <tr> <th>Item</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$</td> </tr> </tbody> </table>	Item	Cost		\$		\$		\$		\$	Total	\$
Item	Cost												
	\$												
	\$												
	\$												
	\$												
Total	\$												

Specific questions for incidents/claims involving personal injury

Name of injured person	
Injured person's date of birth	
Injured person's contact details	<p>Address:</p> <p>Telephone no:</p>
Describe the injury	(left hand, right eye etc)
Names and contact details of treating medical practitioners	

Other

Additional information you wish to supply	
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Note: As this incident report may be subject to FREEDOM OF INFORMATION (FOI) and/or DISCOVERY for litigation purposes, please ensure that only factual information is recorded.