



PUBLIC AND PRODUCTS LIABILITY – POLICY No. LCB018535276

CLAIM FORM / INCIDENT REPORT FORM

(Use this form when a third party alleges a Participant has been negligent and has caused injury or property damage)

REMEMBER : Under no circumstances should you admit Liability or enter into any correspondence in connection with any incident that could result in a claim being made against your policy. Never make any statement implying fault or accepting responsibility.		
Name of Participant involved in the incident		
Address of Participant involved in the incident	Email	Telephone Number
Please advise details of where the Work Trial was/is being undertaken.		
Date and time of the incident.		
Where did the incident occur?		
Describe what happened		
Was there any property damage? – if so please describe		
Were there any witnesses? – if so please detail names, addresses and telephone numbers		
Name and address of the Rehabilitation Service Provider.		
DECLARATION		
All the information that I/We have given in this Claim Form/Incident Report is true and complete		
Signature of Participant	Date	
Signature of Rehabilitation Service Provider	Date	