

## GENERAL

Title:  Initial/s:  Surname:   
First Name:  Gender:  M  F  
Maiden Name:  Language:   
ID No:  Date of Birth:  Policy Number:   
Cell:  Home Phone:  Work Phone:

## INCIDENT DETAILS

Date incident occurred:  Time incident occurred:   
Place of occurrence:   
Physical address:   
Description of incident:   
Description of injury sustained:   
Name of hospital attended:   
Name and number of treating doctor:  Contact Number:

## ONLY COMPLETE THE SECTION RELEVANT TO THE INCIDENT ( A, B, C or D )

### A. INCIDENT IN PUBLIC PLACE

Name of company:   
Was the incident reported to the police/building manager or body corporate?  Y  N Name of person reported to:   
Did you sign in and out of the premises?  Y  N Name of eye-witness:   
Full names and surname of third party involved:  Contact Number:

### B. INJURY WHILE PARTICIPATING IN SPORT

Type of sport participated in when injury was sustained:  Did you participate in club or professional sport?  Y  N  
Name of club or professional sport body:  Contact Number:   
Name of person reported to:  Date reported:

INITIAL HERE

**C. INJURY WHILE ON DUTY**

Name of company:  Contact Number:

Name of person reported to:

Did you clock in and out of the workplace?  Y  N Did your company complete a WCA claim form?  Y  N

Name of contact person at company:  Contact Number:

Company Stamp:

Signed:

**D. INJURIES RELATED TO A MOTOR VEHICLE ACCIDENT**

Police case reference number:

Name of investigating officer:  Contact Number:

Name of eye-witness:  Contact Number:

Full names and surname of third party involved:  Contact Number:

**In the event that the insured was the designated driver, confirm that the insured was in possession of a valid driver's license.**

Driver's license code:

Date issued:  Valid until:  Was a blood alcohol test done on the driver?  Y  N

If yes, what was the result? (Please attach a copy of the test result) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POLICE STAMP**

Signature of investigating officer \_\_\_\_\_

Date:

**AFFIDAVIT SIGNATURE**

Hereby I confirm and accept that the by signing this report I am signing it as an affidavit and confirm that the information given is true.

Full Name(s):

Surname:  ID Number:

Signature: \_\_\_\_\_

Date:

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