— CLAIM FORM

Personal Injury Incident Form

Please do not include any statement or comment on this form which could be construed as an admission of fault.

M & M Insurance Services
(03) 9078 6473
info@mminsure.com.au
www.mminsure.com.au

Please ensure you complete this form with as much detail as possible.

01 Insured or Company Details

Insured name or company

Policy number (if known)

Point of contact

Phone number

Email

Are you registered for GST purposes? ☐ Yes ☐ No

Do you have an ABN? ☐ Yes ☐ No

ABN

02 Third Party Details

Name of person

Approx. age

Address

Suburb

State

If more than one person was involved in the incident, please attach a separate page.

03 Details Of The Incident

Date

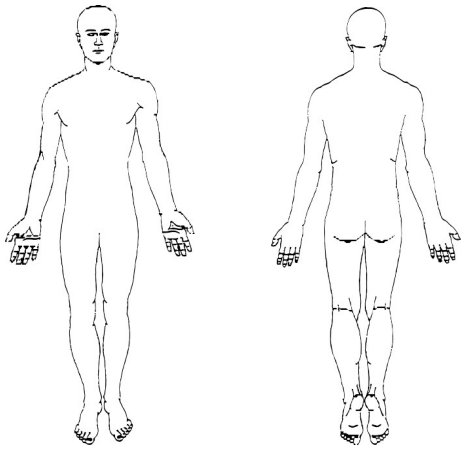
Time

Location the incident occurred

Describe the environment where the incident occurred?

04 State Clearly How The Accident/Incident Occurred

Please identify areas of injury to the third party.



Who reported the incident?

Was the incident reported to the police, workcover or any other authority? ☐ Yes ☐ No

If yes, please provide further details such as police report number

How was the incident reported? ☐ Phone ☐ Email ☐ In person

Reported to Position

05 Witness Details

(Witnesses cannot be friends, family or someone who you know)

Name

Address

Suburb State

Phone number | Email

Name

Address

Suburb | State

Phone number | Email

06 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to M & M Insurance Services Pty Ltd. in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscconnect.com.au/privacy, including for processing this claim.

Signature | **Date**

Full name | **Title / position**

Submit claim form

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