

Incident Notification Form



Important

- Fully complete this form, where applicable, to ensure prompt attention.
- If there is not enough space for your answer in any section, please write the details on a separate sheet of paper.
- This form to be completed and emailed or handed to office

Insured's details

Organisation Name: U3A Darebin INC

Contact Person:

Address: 26 Railway Place Fairfield

Telephone: 94892103

Fax:

Email: info@u3adarebin.com.au

Incident details

Incident date:

Incident location:

Type of incident:

- | | |
|--|---|
| <input type="checkbox"/> Property damage | <input type="checkbox"/> Personal accident |
| <input type="checkbox"/> Lost / stolen property | <input type="checkbox"/> Contract works claim |
| <input type="checkbox"/> Employment issue | <input type="checkbox"/> Motor vehicle claim |
| <input type="checkbox"/> Injury to member of public | <input type="checkbox"/> Travel claim |
| <input type="checkbox"/> Injury to volunteers | <input type="checkbox"/> Fraud / misappropriation of funds |
| <input type="checkbox"/> Medical indemnity claim | <input type="checkbox"/> Professional indemnity/director & officers claim |
| <input type="checkbox"/> Other (please specify if known) | |

Description of incident:

Third party details (if relevant)

Third party name: _____

Gender: Male Female

Age: _____ DOB: / / (if known)

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 consent to the VMIA using personal information I have provided on this form for the purpose of assessing any future claims that may arise in relation to this notification. However, I understand that if I choose not to provide the required details, this is my choice and that the VMIA may not be able to assess any future claims.

I consent to the VMIA disclosing personal information to other insurers or as required by law. I consent to the VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers or other advisers whom the VMIA may engage to assist in processing any future claims. Where I have provided information about another individual (e.g. an employee or client) I declare that the individual has been made aware of the reason for the disclosure of their personal details to the VMIA and of the contents of the VMIA's Privacy Policy.

Name: _____

Signature: Date: / /