

Ocean Underwriting Australia

Incident Report and Claim Form

Please provide as much detail as possible within the form, as it will help us review your claim as quickly as we can.

Please note we may require further clarification or additional documentation once you complete this form and will be in touch with you if we do.

Once you have completed your form, please scan and email a copy to au-sed-oceanunderwriting@sedgwick.com alongside any supporting documents.

Incident Report Details			
Insured:			
Policy Number:			
Date Reported:		Time Reported:	

Incident Details:			
Location:			
Date of Incident:		Time of Incident:	

Injured Persons Details			
Full name:			
Address:			
Contact Number:		Email Address:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Witness Details			
Full name:			
Address:			
Contact Number:		Email address:	
Witness Type:	<input type="checkbox"/> Eyewitness	<input type="checkbox"/> Circumstantial witness	
Relationship to Injured Person:			
<i>If more than one witness, please provide the above details on a separate piece of paper or email these details through to us with this claim form.</i>			

Injury Details			
Part of the body injured:			
<input type="checkbox"/> Head/neck	<input type="checkbox"/> Back/trunk	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hands/fingers
<input type="checkbox"/> Feet/toes	<input type="checkbox"/> Eyes/face	<input type="checkbox"/> Hip	<input type="checkbox"/> Arms/wrists
<input type="checkbox"/> Knee	<input type="checkbox"/> Other/multiple (please describe):		

Nature of Injury			
<input type="checkbox"/> Multiple	<input type="checkbox"/> Minor cut/laceration (no stitches)	<input type="checkbox"/> Serious cut/laceration (requiring stitches)	
<input type="checkbox"/> Minor bruising	<input type="checkbox"/> Major bruising	<input type="checkbox"/> Sprain	
<input type="checkbox"/> Ligament damage	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	
<input type="checkbox"/> Minor concussion	<input type="checkbox"/> Concussion/unconscious (serious)	<input type="checkbox"/> Superficial	
<input type="checkbox"/> No apparent injury	<input type="checkbox"/> Other (please describe):		

Description of incident:

Is there any CCTV footage of the incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes, please provide us with a copy of the footage</i>				
Was the injured party provided with First Aid?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes, please provide their name and contact details:</i>				
Was the injured party taken to a doctor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the injured party taken to hospital?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was an ambulance called?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was there any third-party contractors involved who may potentially be at fault?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes, please provide their name and contact details:</i>				

Property Damage
Item/s Damaged:

Details of extent of damage:

Any steps taken to mitigate damage:

Any quotes for repair/replacement obtained?

Is there any CCTV footage of the incident?
<i>If yes, please provide us with copies of same.</i>

Declaration

I/we certify that I am authorised to submit this claim on behalf of the insured, that the information provided is truthful, accurate and complete, and that no information likely to affect this claim has been withheld. I/we agree that, by submitting this form, the personal information I/we provide to Sedgwick or Ocean Underwriting in this form or otherwise may be collected, held, used and disclosed in the matter set out in the Sedgwick Privacy Policy found at <https://www.sedgwick.com/legal> including for processing this claim.

Signed:**Date:****Name (please print):**