

# INCIDENT REPORT FORM

The injury to Individual ☐ or Damage to property: ☐ or others ☐

## Injured Person Details

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male ☐ Female ☐

Mobile number: \_\_\_\_\_ Tel: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

## Incident Report Information

Nature of injury: \_\_\_\_\_

Causes of incident: \_\_\_\_\_

Incident date: \_\_\_\_\_ Time: \_\_\_\_\_

Incident location: \_\_\_\_\_

Witness 1 name: \_\_\_\_\_ Ph.no: \_\_\_\_\_

Address: \_\_\_\_\_

Witness 2 name: \_\_\_\_\_ Ph.no: \_\_\_\_\_

Address: \_\_\_\_\_

Damages if caused any: \_\_\_\_\_

Legal action taken any: \_\_\_\_\_

## General Information

Report prepared by: \_\_\_\_\_

Report submitted to: \_\_\_\_\_ Signature \_\_\_\_\_