

## INCIDENT REPORT FORM – AFL

DETAILS OF PERSON INVOLVED IN INCIDENT					
	<input type="checkbox"/> STAFF	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> VISITOR		
Surname:					
Given Name(s):					
Date of Birth:		Sex:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
Home Address:					
Home Phone Number:					
Host Club Name:					
Position Title:					
Supervisor's Name:					
Site Address:					
Work Phone Number:					
INCIDENT DETAILS					
Type of Report	Place/Location of Incident				
<input type="checkbox"/> Injury <input type="checkbox"/> Near miss	Date of Incident		Time of Incident		Did you cease work? Date?
			<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Y <input type="checkbox"/> N
Type of Incident <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Manual handling <input type="checkbox"/> Struck by object <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Chemical <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Has the Incident been notified to the Host Club? <i>(Contractors only)</i>				<input type="checkbox"/> Y <input type="checkbox"/> N
	Witness Name:				Witness Contact Ph No
	Have you returned to work?		Date you returned to work:		Time you returned to work:
	<input type="checkbox"/> Y	<input type="checkbox"/> N			<input type="checkbox"/> AM <input type="checkbox"/> PM
	What duties can you now perform?				
	<input type="checkbox"/> Pre-injury Duties		<input type="checkbox"/> Suitable Duties		<input type="checkbox"/> Totally Unfit For Any Duties
Incident Summary - How did it happen?					

Briefly describe injuries if any.

#### TREATMENT DETAILS

Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor's Visit <input type="checkbox"/> Hospital Visit	Treated By	Treatment Date
	Address	Phone Number

#### WITNESSES (IF ANY)

Name:	
Department:	

#### DECLARATION

I certify that the information I have provided is correct. I understand that should I make a claim for compensation that if any information I have given is untrue, that my claim may be denied and that I may be prosecuted. I consent to the Australian Football League collecting and using my personal information, and/or disclosing these details to medical practitioners, investigators and other experts, for the purpose of assessing and managing my claim.

#### EMPLOYEE

Signature:	
Name:	
Date Signed:	

#### GENERAL MANAGER

Signature:	
Name:	
Date Signed:	

Once completed, please retain a copy of the document at your club.

If a formal claim needs to be lodged, please visit the marsh website at [www.au.marsh.com/sport](http://www.au.marsh.com/sport) to access the relevant claim form.

## DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

## MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:

Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)

Phone – (02) 8864 7688

Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.