

Detailed Accident Claim Form for Slips and Falls

Instructions: Please complete all relevant sections. Attach supporting evidence (photos, witness statements, etc.) where possible.

1. Personal Information

Full Name:

Date of Birth:

Contact Number:

Email Address:

Home Address:

2. Accident Details

Date of Incident:

Time of Incident:

Exact Location (address, floor, nearest landmark):

Describe how the accident happened (include actions, sequence of events, and any hazards):

Condition of Surface (e.g. wet floor, loose carpet, ice):

Type of Footwear Worn:

Weather Conditions (if applicable):

3. Injury Details

Describe Your Injuries:

First Aid Given? (describe care received):

Were You Taken to Hospital/Clinic? If yes, provide details:

4. Witnesses

Names and Contact Details of Any Witnesses:

5. Evidence Submission

List attached evidence (photos, CCTV footage, incident logs, etc.):

6. Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

☐

I agree

Signature:

Date: