

# 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:**

Type full name as signature

**Date:**

**Submit Claim**