

INSURED

Insured name		Policy number	
Branch name		Branch code	

The purpose for completion of this questionnaire is to gather all relevant information and evidence to enable Alpha Insure to defend any claim or legal proceedings arising from the incident and to protect the rights of the Insured and Alpha Insure.

It is therefore of great importance that this questionnaire is completed in full and clearly to avoid unnecessary inefficiencies through follow up queries.

It is equally important that all documents and material such as video footage, statements, reports and plans are provided together with the completed questionnaire.

The purpose of requesting copies of Title Deeds, Lease agreements, etc. is to determine whether any other person ought to be joined or approached to contribute to any damages and the like.

INCIDENT DETAILS

Date of incident		Time of incident	
Was the incident reported or only observed			
Place of incident (full description - For example, if the incident took place in the foyer then please state where in the foyer the incident occurred)			
Detailed description of incident			
What was the likely cause of the incident			
Is this a permanent hazard or a temporary hazard? (Spillages and defective escalators are examples of temporary hazardous conditions which may cause injuries. Stairs with no handrails is an example of a permanent hazard)			

THE THIRD PARTY (INJURED OR DECEASED PERSON)

Full name and surname		Identity number	
Residential address		Age	
Work address		Email	
Mobile number		Alternative contact number	

INJURIES OBSERVED

Detailed description of bodily injuries observed or suspected	
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MEDICAL TREATMENT ON SCENE

Was first aid provided?	
Was an ambulance called?	
Was the third party taken to hospital?	

GESTURES OF GOODWILL

Was a gesture of goodwill made	
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WITNESSES

Were there any witnesses to the incident	
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Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

INVESTIGATION

Was any person appointed by the insured to investigate the incident?	
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Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

RESPONSIBLE PERSON FOR HEALTH AND SAFETY AT PREMISES

Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

MANAGING AGENT OF PREMISES

Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

SECURITY PERSONNEL

Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

CLEANING PERSONNEL

Full name and surname		Identity number		+ X
Residential address		Work address		
Mobile number		Email		
Alternative contact number				

FIRST AID PERSONNEL

Full name and surname		Identity number		+ X
Residential address		Work address		

