



## INCIDENT REPORT FORM

If you have had an accident at work, or on the way to or from work, please fill in this form and notify your Ops Manager immediately. You only need to fill in what you know; the rest can be done later. Please fill this form in no matter how trivial your accident may seem. It may be important to have a report of the incident later if any complications develop.

### **NSW – EML**

Phone : 13 77 22  
Report an injury or make a claim via the online portal – [eml.com.au](http://eml.com.au) or  
Email: Download the Worker Injury Claim form and email to [mail@eml.com.au](mailto:mail@eml.com.au)  
Policy No: 108724801  
**Within 5 days of the injury**

### **TAS - GIO Workers**

Compensation  
Phone: 03 6215 6347  
Email: [wclaimstas@gio.com.au](mailto:wclaimstas@gio.com.au)  
Fax: 03 6223 4174  
Policy No: TW007116

### **ACT - GIO Workers**

Compensation  
Phone: 131010  
Email: [giowcact@gio.com.au](mailto:giowcact@gio.com.au)  
Fax: 1300 458 569  
Policy No: CW005485

### **VIC - Gallagher Bassett**

Phone: 1800774377  
Email: [wcv@gbtpa.com.au](mailto:wcv@gbtpa.com.au)  
Fax: 0392979010  
Policy No: 12054581

### **QLD - Work Cover QLD**

Phone: 1300 362 128  
Email:  
Fax:  
Policy No:  
WAA060746145

### **SA - Work Cover SA**

Phone: 13 18 55  
Email: [info@workcover.com](mailto:info@workcover.com)  
Fax: 0882332990  
Policy No: 21447308

### **WA - GIO Workers**

Compensation  
Phone: 131010  
Email:  
Fax:  
Policy No: WA034146

- Your Full Name: \_\_\_\_\_
- D.O.B: \_\_\_\_\_
- Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Mobile: \_\_\_\_\_
- Date you started working for Show Support: \_\_\_\_\_
- Date of the Incident: \_\_\_\_\_



- Details of the Incident: \_\_\_\_\_
  - Where: \_\_\_\_\_
  - Time of Incident: \_\_\_\_\_
  - Description of Incident: \_\_\_\_\_

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- Show Support Crew Chief/Supervisor: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Client Supervisor: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Witness 1: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Witness 2: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Your GP: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Hospital where you were treated: \_\_\_\_\_
- Doctor's Name: \_\_\_\_\_
- Time In: \_\_\_\_\_
- Time Out: \_\_\_\_\_

**CLAIM NO (Office use only):**