DELIVEROO AUTRALIA – RIDER INCIDENT REPORT FORM

Please download and fill in the details and click the send button at the bottom of the document. Mark "X" in applicable box. Please complete the form, and return with all applicable evidence and photos in the email. The insurer will require all necessary information to assess the claim.			
DETAILS:			
1. Deliveroo Rider Account Details:			
Rider ID:			
Full Name: (As registered to the rider account)			
Email: (As registered to the rider account)			
Vehicle Type:	☐ Bicycle	☐ Motorbike/Scooter	☐ Car
2. Was a delegate involved in the incident?		☐ YES	☐ NO
3. Details of the person involved in the incident: (These details may be the same as the rider account holder or those of a delegate)			
Full Name:			
Email:			
Phone:			
Date of Birth:			
Home Address:			
Vehicle Type:			
Vehicle Registration No:			
4. Details of incident (mandatory):			
Date:		Time:	
Location: (Street address or Google maps link)			
Were you logged on to the Deliveroo platform at the time of the injury?		☐ YES	☐ NO
5. Accident Description in detail (mandatory):			
6. Details of Third Party (if relevant):			
Name:			
Address:			
Phone Number:			

Email Address:					
7. Details of Witness (If relevant):					
Name:					
Email Address:					
Phone Number:					
Witness Statement (Please attach a copy):				☐ YES	☐ NO
8. Photos taken at scene (Please attach a copy):				☐ YES	☐ NO
9. Police Report Number: (If applicable)	(Please attach a copy of police statement if available)				
10. Injury Details (tick one box):					
☐ Abrasion	☐ Contusion & bruise	☐ Fracture	☐ Sprain	☐ Crushing	
☐ Burn	☐ Laceration & cut	☐ Amputation	☐ Others:		
11. Part of body injured (Tick relevant boxes):					
Head	Neck & Truck	Upper Limbs	Lower Limbs		
☐ Skull / Scalp	☐ Neck	☐ Finger	☐ Hip		
☐ Eye	☐ Back	☐ Hand/palm	☐ Thigh		
☐ Ear	☐ Chest	☐ Forearm	☐ Knee		
☐ Mouth/tooth	☐ Abdomen	☐ Elbow	☐ Leg		
☐ Nose	☐ Trunk	☐ Upper arm	☐ Ankle		
☐ Face	☐ Pelvis/groin	☐ Shoulder	☐ Foot		
12. Did you visit a doctor or hospital?			☐ YES	☐ NO	
If Yes, what is the name?					
13. What safety kit were you wearing e.g. helmet?					
DECLARATION:					
I / We declare that the particulars provided in response to the questions contained in this Incident Report Form are true and correct, and I / We have not suppressed, misrepresented or misstated any relevant fact. I / We consent to your use of any personal information included in this Incident Report Form in accordance with your Privacy Policy, which is accessible in the policy document. I / We understand that failing to provide such personal information may prevent you from assisting with an insurance claim.					
I/We accept ☐					
Full Name					
Signature:		Date: