



# Incident Notification Report Form

## Employers & Public Liability

~~For ease of completion the essential fields are highlighted .~~

### Section A – Insured Details

Insured Name

Address

Post Code

Policy Number

Contact Name

Telephone Number

Email

### Section B – Incident Details

Incident Date

Time

Location

Incident location different from above? Yes No *(if yes provide details below)*

Incident Address

Post Code

Where onsite did the incident take place?

Circumstances

Is the injured person an employee? Yes No

### Section C – Injured Person

Injured Persons Name

Address

Post Code

Date of Birth

Telephone Number

Lost Time Injury? Yes No

Date incident reported to insured?