Incident Notification Report Form

Employer's & Public Liability

For ease of completion the essential fields are highlighted ï

Section A – Insured Details

Insured Name

Address

Post Code

Policy Number

Contact Name

Telephone Number

Email

Section B ï 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?

Submit

Please email the completed for to **ClaimsUK@aig.com**