



Please complete and return to:

Claims Department,
Counce O'Hara & Co Ltd,
City Wharf,
New Bailey Street,
Manchester,
M3 5ER

Phone: 0161 833 2100
Fax: 0161 839 2100

Incident Report Form

Policy Holder Details:

Name: _____

Branch: _____

Contact Name _____ Telephone Contact Number: _____

Injured Person

Name: _____

Date of Birth: _____ Occupation: _____

Incident Details

Date of incident: _____ Time: _____

Multiple empty rows for incident details.



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ACCIDENT DOCUMENTATION

ACCIDENT BOOK ENTRY

- A: Attached
- B: To follow within 5 days
- C: Not Available

RIDDOR

- A: Attached
- B: To follow within 5 days
- C: Not applicable
- D: Not available

INTERNAL INVESTIGATION REPORT

- A: Attached
- B: To follow within 5 days
- C: Not applicable

RISK ASSESSMENTS

- A: Attached
- B: To follow within 5 days
- C: Not applicable

TRAINING RECORDS

- A: Attached
- B: To follow within 5 days
- C: Not applicable