

Accident/Incident Insurer Notification – AIIR 1

Company			
Location			
Policy number			
Employers Liability claim number			
Date of accident/incident			
Name of claimant			
			✓
This is the first notification of this incident.			
This notification is for “reporting purposes only”			
Fully completed claim form attached			
Copy of the Accident Report Book entry for this incident attached			
Completed loss of earnings form detailing pre-accident earnings, income tax and national insurance contributions over 13 weeks, plus sick/accident payments enclosed			
Letter received from the claimant’s solicitors enclosed			
Summons attached			
Other correspondence enclosed (details below)			
Health and safety advisor			
Date			
Insurer factory/location code			
Location			
Name of claimant			
Action to rehabilitate the injured person into normal work activities e.g. home visit by occupational nurse, job rotation, lighter duties etc.			
Details of occupational nurse/physiotherapist appointed to facilitate rehabilitation into work.			
Company		Tel	

Name		E mail	
Appointed		Date	
Details of rehabilitation programme			
Accept or decline liability	Yes		No
Additional comments NB : If Liability is being denied, an explanation must be given.			
Site management dutyholder			
Signature of dutyholder		Date	