

N I R (NOTIFIABLE INCIDENT REPORT)

COMPANY:		DATE:	
NAME:		DEPARTMENT:	
PERSON AFFECTED:		DEPARTMENT:	

REPORT TYPE

NOTE: TICK APPROPRIATE BLOCK WHERE APPLICABLE

VEHICLES

(A) Vehicle Hijacking		(B) Vehicle Accident		(C) Vehicle Theft	
(D) Petrol Card Misuse		(E) Vehicle Other			

ASSETS - OTHER

(A) Cash		(B) Premises		(C) Merchandise	
(D) Fixtures		(E) Computer Equipment		(F) Other (Specify)	

LOSSES (including attempts)

(A) Burglary		(B) Flood Damage		(C) Theft	
(D) Vandalism		(E) Armed Robbery		(F) Fire / Damage	

STAFF / CUSTOMER

(A) Assault		(B) Staff Injury		(C) Customer Injury	
(D) Fraud / Attempted Fraud		(E) Other		(F) Fire / Damage	

WAS THE INCIDENT REPORTED TO INSURANCE?

Yes ☐ No ☐

If Yes: Claim Number: _____ Date Reported: _____

Remarks (if any): _____

STATE HOW THE INCIDENT OCCURRED (Attach Annexures is required):

Estimated Loss	Date	Managers Name	Signature
R			