



# COMPLY ONLINE

## N I R

### (NOTIFIABLE INCIDENT REPORT)

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Your immediate line manager must also be notified.  
NOTE: TICK APPROPRIATE BLOCK WHERE APPLICABLE

#### REPORT TYPE

##### VEHICLES

(A) Vehicle Hijacking	<input type="checkbox"/>	(B) Vehicle Accident	<input type="checkbox"/>	(C) Vehicle Theft	<input type="checkbox"/>
(D) Petrol Card Misuse	<input type="checkbox"/>	(E) Vehicle Other	<input type="checkbox"/>		<input type="checkbox"/>

##### ASSETS - OTHER

(A) Cash	<input type="checkbox"/>	(B) Premises	<input type="checkbox"/>	(C) Merchandise	<input type="checkbox"/>
(D) Fixtures	<input type="checkbox"/>	(E) Computer Equipment	<input type="checkbox"/>	(F) Other (Specify)	<input type="checkbox"/>

##### LOSSES (including attempts)

(A) Burglary	<input type="checkbox"/>	(B) Flood Damage	<input type="checkbox"/>	(C) Theft	<input type="checkbox"/>
(D) Vandalism	<input type="checkbox"/>	(E) Armed Robbery	<input type="checkbox"/>	(F) Fire / Damage	<input type="checkbox"/>

##### STAFF / CUSTOMER

(A) Assault	<input type="checkbox"/>	(B) Staff Injury	<input type="checkbox"/>	(C) Customer Injury	<input type="checkbox"/>
(D) Fraud / Attempted Fraud	<input type="checkbox"/>	(E) Other	<input type="checkbox"/>	(F) Fire / Damage	<input type="checkbox"/>

##### WAS THE INCIDENT REPORTED TO INSURERS

NO  YES  IF YES STATE CLAIM NO  DATE REPORTED

Remarks, if any \_\_\_\_\_

##### STATE HOW THE INCIDENT OCCURRED ( Attach annexures if required)

\_\_\_\_\_  
\_\_\_\_\_

R			
Estimated amount of loss	Date	Managers Name	Signature