

**Incident Report Request Form**

Please complete the relevant sections of the form below and email it to IRF.Requests@nifrs.org or print the form, complete and post it to the following address:

Protection Administrative Support

NIFRS Headquarters

1 Seymour Street

Lisburn

BT27 4SX

Upon receipt of the form you will be sent further information, which will include details for making the relevant payment, if applicable.

The form is divided into 4 sections. You only need to complete the sections relevant to your request as follows:

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| **Section 1** |
| **Complete section 1 for all requests.** |
| 1.1 | Date the incident occurred: |  |
| 1.2 | Incident address or the location of the incident: |  |
| 1.3 | If damaged by fire spread, the address at which the fire spread damage occurred:  |  |
| 1.4 | Type of incident:(i.e. fire, road traffic collision, etc) |  |

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| **Section 2** |
| **Complete section 2 if your property has been involved in fire, or damaged by fire, or you have been directly involved in another type of incident.** |
| 2.1 | Your name: |  |
| 2.2 | Your address: |  |
| 2.3 | Your email address: |  |
| 2.4 | Contact telephone number: |  |
| Individuals must also provide a copy of two forms of ID that links them to the property, such as a passport, driving licence, bank statement, utility bill, rates bill, vehicle log book, etc. A legible copy, scan, or photograph of the ID is acceptable. The two forms of ID are to be sent with this form. |
| 2.5 | ID type 1 provided: |  |
| 2.6 | ID type 2 provided: |  |

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| **Section 3** |
| **Complete section 3 if you are a solicitor, insurance company, or loss adjustor who has been instructed by a client to act on their behalf.** |
| 3.1 | Company name: |  |
| 3.2 | Company address: |  |
| 3.3 | Contact name: |  |
| 3.4 | Contact telephone number: |  |
| 3.5 | Contact email address: |  |
| 3.6 | Company reference:(if required for correspondence) |  |
| 3.7 | Name of the person / organisation you are acting on behalf of.  |  |
| 3.8 | Please state your client’s connection to the incident (i.e. owner, occupier, or third party) |  |
| 3.9 | If your client is an insurance company, please state their insured party, and this party’s connection to the incident: |  |

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| **Section 4** |
| **Complete section 4 if you are an agency requiring an Incident Report for legislative enforcement.** |
| 4.1 | Agency name: |  |
| 4.2 | Agency address: |  |
| 4.3 | Contact name: |  |
| 4.4 | Contact telephone Number: |  |
| 4.5 | Contact email address: |  |
| 4.6 | Agency reference:(if required for correspondence) |  |
| 4.7 | Legislation you are enforcing:(name and year enacted) |  |

**After you submit the Incident Report Request Form:**

* The request will be allocated a unique reference code and the details will be assessed to confirm that the request is valid.
* If the request is assessed as valid, you will be sent details of how to pay the administrative fee, if applicable. After the fee has been paid, the Incident Report will be sent to you.
* If the request is assessed as invalid, you will be informed of the reason.
* To safeguard personal information and comply with the Data Protection Act 2018 and the UK General Data Protection Regulation, the Incident Report may be redacted before release.
* We would remind you that an Incident Report does not include in-depth descriptions of damage to property and any indication regarding supposed cause of fire is not definitive.