

ACCIDENT RECORD

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED

ABOUT THE ACCIDENT

Date of the accident

Time of the accident

Location of accident

Injured person's name

Injured person's Address

Injured person's date of birth

Briefly describe how the accident happened

Briefly describe injuries or damage sustained

Describe details of first aid treatment given

Details of any witnesses



NFU Mutual
Risk Management Services

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