

## **REQUEST FROM SOLICITOR, INSURANCE COMPANY OR LOSS ADJUSTER FOR FIRE / INCIDENT REPORT**

### General Guidance for completing the Request Form

Please complete the form below. This form can be completed electronically, and emailed to [irshelpdesk@lancsfirerescue.org.uk](mailto:irshelpdesk@lancsfirerescue.org.uk) or printed off, and posted to the following address:

Incident Information Team.  
Lancashire Fire and Rescue Service  
Fire Service Headquarters  
Garstang Road  
Fulwood  
PRESTON  
PR2 3LH

Upon receipt of this form, an invoice will be issued, this will include details for making the relevant payment by BACS of £132.00 (which includes VAT). Upon receipt of payment, the relevant report will be created and issued.

### Guidance for completing the Sections of the Request Form

1. The Company Name required in Section 1 is the name of the Solicitor, Insurance Company or Loss Adjuster making the request.
2. The Company Details required in Section 2 are the details of the Solicitor, Insurance Company or Loss Adjuster making the request.
3. The Company Reference referred to in Section 3 is the reference that you would like stating in all correspondence between yourselves, and the Fire and Rescue Service.
4. In Section 4, you should record the name of the person / organisation who you are acting on behalf of. If a third party, please detail this party's connection with the incident / property.
5. Please make clear if your client is the Owner or Occupier, or a third party. If a third party, please detail this party's connection with the incident / property. Section 5 can be left blank if not relevant.
6. Section 6 should be completed with the date the incident in question occurred.
7. If this is not the address where the fire originated, ie. is a property damaged by 'fire spread', please also state the address at which the fire originated.

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<b>1</b>	<b>Company name:</b>	
<b>2</b>	<b>Company details:</b>	<b>Postal address:</b>  <b>Contact Name:</b> <b>Telephone Number:</b> <b>Email Address:</b>
<b>3</b>	<b>Company reference:</b>	
<b>4</b>	<b>Who you are acting on behalf of (your client):</b>  <b>Please state your client's connection to the incident (i.e. owner, occupier of third party)</b>	
<b>5</b>	<b>If your client is an insurance company, please state their insured party, and this party's connection to the incident:</b>	
<b>6</b>	<b>Incident date of required report:</b>	
<b>7</b>	<b>Incident address / location of required report:</b>	

Additional Information (where applicable):

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I can confirm that all parties mentioned above have no intention of pursuing Lancashire Combined Fire Authority or Lancashire Fire and Rescue Service for damages, resulting from the above-mentioned incident.

**Signed:**

**Date:**