|  |  |  |
| --- | --- | --- |
| **General Information** | | |
| Name of person reporting | Telephone number | For reporting only  Yes  No |
| Name of Broker | Broker telephone number | Broker fax number |

|  |  |  |
| --- | --- | --- |
| **Insured’s Information** | | |
| Name and address of the Insured (including postal code) | | Business telephone (incl.ext.)        Ext. |
| Cellular number |
| Contact name | Contact e-mail address | Contact language spoken |

|  |  |  |
| --- | --- | --- |
| **Policy Information** | | |
| Policy number | Policy period (dd/mm/yyyy)  From       To | Certificate number (if applicable) |
| Lienholder/Mortgage/Other Insurance | | |
| Coverage (Type of policy form, limits, deductible) | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accident Information** | | | | |
| Address where loss occurred | | Date of loss (dd/mm/yyyy) | | Time of loss |
| Province or State/Country | | |
| Kind of loss | | | | |
| Please give description of loss | | | | |
| Were the authorities contacted (police, fire, ambulance)?  Yes  No | Was a report number given?  Yes  No | | If yes, list number | |
| If Police/Fire Department contacted, name of officer | Division | | Badge number | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injury Information** | | | | |
| Name and address of injured party | | | | |
| Date of birth (dd/mm/yyyy) | Home telephone | Work telephone | Contact at home/work | |
| Were any injuries incurred?  Yes  No | What part of the body? | | | |
| What treatment was given? (Please check)  No medical treatment  Minor on site remedies  Minor clinic or hospital  Emergency evaluation  Hospitalization for more than 24 hours | | | | |
| Give description of the injuries | | | | |
| Name and address of treating physician | | | | Telephone number |
| Name and address of treating hospital/clinic | | | | Telephone number |
| Male/Female | Marital status (Check one)  Single  Married  Widowed  Separated  Divorced | | | Number of dependents |

|  |
| --- |
| **Witness Information** |
| Name and address of a witness to the incident    3  Telephone number where witness can be reached |

|  |
| --- |
| Anything related to the incident you would like to add |