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

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| **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      |

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| **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)      |

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| **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      |

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| **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      |

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

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