



GROUP INSURANCE PROGRAM CLAIM & INCIDENT REPORTING FORM (LIABILITY)

ARE YOU REPORTING A CLAIM OR INCIDENT ONLY?

CLAIM INCIDENT

CONTACT INFORMATION

REPORT COMPLETED BY:	DATE OF REPORT:
HOUSING PROVIDER & CERTIFICATE:	PRIMARY CONTACT:
CONTACT TELEPHONE NUMBER:	CONTACT EMAIL:

DETAILS

DATE OF INCIDENT:	LOCATION:	
TYPE OF LOSS: BODILY INJURY - <input type="checkbox"/> PROP. DAMAGE - <input type="checkbox"/>	INJURIES: YES- <input type="checkbox"/> NO- <input type="checkbox"/>	MEDICAL SERVICES: YES- <input type="checkbox"/> NO- <input type="checkbox"/>
PROPERTY DAMAGE:	NAME OF INJURED PERSON:	
	CONTACT INFORMATION:	
DETAILS OF INCIDENT:		
ADDITIONAL DETAILS RELEVANT TO THE CLAIM INCLUDING WITNESS INFORMATION:		

Please include any documentation you feel may be relevant (maintenance logs, inspection records etc.) and submit to:

EMAIL: newcrawfordclaims@crawco.ca

FAX: 519-578-9574