



GROUP INSURANCE PROGRAM CLAIM & INCIDENT REPORTING FORM (PROPERTY)

**IF YOU REQUIRE IMMEDIATE ASSISTANCE,
PLEASE CALL THE 24/7 CALL CENTRE AT
1-866-532-7315**

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 INCIDENT: <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> WIND <input type="checkbox"/> WATER <input type="checkbox"/> VANDALISM	
OTHER (specify): (IF INCIDENT INVOLVES CRIMINAL ACTIVITY, CONTACT POLICE AND PROVIDE DETAILS BELOW)	
DETAILS OF INCIDENT:	
ADDITIONAL DETAILS RELEVANT TO THE CLAIM INCLUDING POLICE AND CONTRACTOR INFORMATION:	

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

EMAIL: insurance@hscorp.ca