



CLAIM / INCIDENT REPORT FORM

BY PROVIDING YOU WITH THIS FORM THE CITY OF RED DEER DOES NOT ADMIT ANY LIABILITY FOR THE DAMAGES. THIS FORM IS SOLELY USED FOR INVESTIGATION PURPOSES OF THE INCIDENT DESCRIBED BELOW.

PLEASE FILL OUT ALL FIELDS APPLICABLE AND SUBMIT THE FORM AND ANY SUPPORTING DOCUMENTATION TO:

Insurance, Box 5008, Red Deer, AB T4N 3T4 OR insurance@reddeer.ca

TYPE OF INCIDENT		
<input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Other Property Damage	<input type="checkbox"/> Personal Injury

TIME AND PLACE OF INCIDENT		
Date	Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	Location

REPORTING OF INCIDENT TO THE CITY OF RED DEER	
Has this incident previously been reported to the City of Red Deer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , provide the date when the incident was reported to The City of Red Deer:	_____
If YES , provide the name of individual that the incident was reported to:	_____
At this time I am (choose all that apply):	<input type="checkbox"/> Submitting a Claim <input type="checkbox"/> Reporting an Incident

YOUR INFORMATION				
Last Name, First Name	Date of Birth	Driver's Licence No.	Class	Province
Address (House, Street, City, Province, Postal Code)		Daytime Phone No.	Email Address (if applicable)	
Business Name, Address (if applicable)		Business Phone No. (if applicable)		

YOUR VEHICLE INFORMATION				
(Vehicle information is required only if your vehicle was involved in the incident.)				
Year	Make	Model	Serial No.	License Plate No.
Name of Insurer		Policy No.		
Name of Driver (if different from above)	Address of Driver (if different from above)		Phone No.	
Where can the vehicle be inspected (if required)?				

DESCRIPTION OF LOSS

(Describe in detail what happened and state damage incurred, if any. Attach separate page(s) if necessary.)

DETAILS OF INJURY

(Provide details of your injury. Attach separate page(s) if necessary.)

WITNESSES

(Provide witness information if witnesses were present during the incident.)

Witness 1 - Last Name, First Name	Witness 2 - Last Name, First Name	Witness 3 - Last Name, First Name
Address (House, Street, City, Province, Postal Code)	Address (House, Street, City, Province, Postal Code)	Address (House, Street, City, Province, Postal Code)
Phone	Phone	Phone
State Which Vehicle This Witness Was In	State Which Vehicle This Witness Was In	State Which Vehicle This Witness Was In

REPORT FILED BY

BY SIGNING THIS FORM I SOLEMNLY STATE THAT THE ABOVE-MENTIONED INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE.

_____ Your Signature	_____ Print Name	_____ Date
_____ Signature of Parent or Guardian (If the individual filing report is under 18 years of age)	_____ Parent or Guardian – Print Name	_____ Date

The City of Red Deer is collecting personal information for the purpose of investigating this incident. Completion of this form does not allocate any responsibility to The City of Red Deer for the stated damages. The collection of personal information on this form is authorized by section 4(c) of the *Protection of Privacy Act* and section 3 of the *Municipal Government Act*. If you have any questions about the collection, use and protection of this information, please contact the Insurance & Risk Analyst, Box 5008, Red Deer, Alberta, T4N 3T4, email: insurance@reddeer.ca or telephone: 403-406-8776.