

AUTOMOBILE CLAIM NOTIFICATION FORM



2510 Sparrow Drive, Nisku, AB T9E 8N5
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claims@RMAinsurance.com

VEHICLE / EQUIPMENT

Insured Name:	Certificate #:
Contact Person:	Phone #:
Fax #:	Email:
Date of Loss:	Time of Loss:

AUTOMOBILE OR EQUIPMENT INVOLVED (WHERE APPLICABLE)

Vehicle Year:	Vehicle Make:	Vehicle Model:
Serial #:	Insurance Item #:	Member's Unit #:
Leasor / Actual Owner (if other than Insured):		

DRIVER / OPERATOR INFORMATION (WHERE APPLICABLE)

Name:	Date of Birth:		
Address:			
Phone #:	Years of Experience:		
Driver's License #:	DL Class #	DL Expiry:	DL Conditions:

THIRD PARTY / CLAIMANT INFORMATION (WHERE APPLICABLE)

Claimant / Owner's Name:	Phone #:	
Claimant / Owner's Address:		
Vehicle Year:	Vehicle Make:	Vehicle Model:
Insurer Name:	Policy #:	License Plate #:
Address:		

INCIDENT DETAILS:

Incident Location:		
Police at Scene: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Detachment:	Police File #:
Injuries: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Injury Severity: <input type="checkbox"/> Minor / <input type="checkbox"/> Serious / <input type="checkbox"/> Catastrophic / <input type="checkbox"/> Fatal	
Injured Person(s):		
Witness #1:	Phone #:	
Witness #2:	Phone #:	
Additional Information:		

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INCIDENT DETAILS

Description:

Signature of Driver

Date:

Illustrate the position of the vehicles at the time of the collision.

1. Indicate directions.
2. Show stop or slow signs.
3. Label each street.
4. Show skid marks.
5. Please indicate if a street is more than two-lane or one-way only.

