

GENERAL CLAIM NOTIFICATION FORM



2510 Sparrow Drive, Nisku, AB T9E 8N5
Phone: 780.955.3639 Fax: 780.955.3615
claims@RMAinsurance.com

JURISDICTION FORM

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

PROPERTY INVOLVED

Insured Property:	Insurance Item #:
Address / Location:	
Leasor / Actual Owner (if other than Insured):	

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 / Claim Description:

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:

PRIDDLE GIBBS ADJUSTERS

Phone: 780.489.3310 | Fax: 780.489.3320 | contact@priddlegibbs.com | www.priddlegibbs.com