



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

AUTOMOBILE CLAIM NOTIFICATION FORM

INSTRUCTIONS:

1. Please include photos and documentation with this form.
2. Please answer all questions – we cannot process incomplete forms.
3. Completed forms should be sent to claims@RMAinsurance.com.

JURISDICTION

MEMBER NAME:

MEMBER ID:

CONTACT PERSON:

PHONE #:

EMAIL:

DATE OF LOSS:

TIME OF LOSS:

AUTOMOBILE INVOLVED

VEHICLE YEAR:

VEHICLE MAKE:

VEHICLE MODEL:

SERIAL #:

POLICY ITEM #:

MEMBER'S UNIT #:

LEASOR / ACTUAL OWNER (IF OTHER THAN INSURED):

DRIVER INFORMATION (WHERE APPLICABLE)

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE #:

YEARS OF EXPERIENCE:

DRIVER'S LICENCE #:

DL CLASS #:

DL EXPIRY:

DL CONDITIONS:

THIRD PARTY INFORMATION (WHERE APPLICABLE)

OWNER'S NAME:

PHONE #:

OWNER'S ADDRESS:

VEHICLE YEAR:

VEHICLE MAKE:

VEHICLE MODEL:

INSURER NAME:

POLICY #:

LICENCE PLATE #:

INSURER ADDRESS:

AUTOMOBILE CLAIM NOTIFICATION FORM

INCIDENT DETAILS

INCIDENT LOCATION:

POLICE AT SCENE: Yes No

DETACHMENT:

POLICE FILE #:

INJURIES: Yes No

INJURY SEVERITY: Minor Serious Catastrophic Fatal

INJURED PERSON(S):

WITNESS #1:

PHONE #:

WITNESS #2:

PHONE #:

ADDITIONAL INFORMATION:

INCIDENT DESCRIPTION:

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.

