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## GENERAL LOSS 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](mailto:claims@RMAinsurance.com).

## JURISDICTION

INSURED NAME:	CERTIFICATE #:
CONTACT PERSON:	PHONE #:
EMAIL:	
DATE OF LOSS:	TIME OF LOSS:

## PROPERTY INVOLVED

INSURED PROPERTY:	INSURANCE ITEM #:
FULL 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 INFORMATION (WHERE APPLICABLE)

NAME:	DATE OF BIRTH:		
ADDRESS:			
PHONE #:	YEARS OF EXPERIENCE:		
DRIVER'S LICENCE #:	DL CLASS #:	DL EXPIRY:	DL CONDITIONS:

# GENERAL LOSS CLAIM NOTIFICATION FORM

## THIRD PARTY / CLAIMANT INFORMATION (WHERE APPLICABLE)

CLAIMANT / OWNER'S NAME:

PHONE #:

CLAIMANT / OWNER'S ADDRESS:

VEHICLE YEAR:

VEHICLE MAKE:

VEHICLE MODEL:

INSURER NAME:

POLICY #:

LICENCE PLATE #:

INSURER ADDRESS:

## 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: