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## PROPERTY & LIABILITY 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

MEMBER NAME:		MEMBER ID:
CONTACT PERSON:		PHONE #:
EMAIL:		
DATE OF LOSS:	TIME OF LOSS:	

### 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:		

### INCIDENT DESCRIPTION:

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# PROPERTY & LIABILITY CLAIM NOTIFICATION FORM

## PROPERTY INVOLVED

INSURED PROPERTY:	POLICY ITEM #:
ADDRESS / LOCATION:	
ACTUAL OWNER (IF OTHER THAN INSURED):	

## EQUIPMENT INVOLVED (WHERE APPLICABLE)

VEHICLE YEAR:	VEHICLE MAKE:	VEHICLE MODEL:
SERIAL #:	INSURANCE ITEM #:	MEMBER'S UNIT #:
LEASOR / ACTUAL OWNER (IF OTHER THAN INSURED):		

## OPERATOR 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)

THIRD PARTY NAME:	PHONE #:	
THIRD PARTY ADDRESS:		
VEHICLE YEAR:	VEHICLE MAKE:	VEHICLE MODEL:
INSURER NAME:	POLICY #:	LICENCE PLATE #:
INSURER ADDRESS:		