



CLAIM REPORT

CLAIMANT INFORMATION

Name:

Address:

Email:

Phone:

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.

ACCIDENT CLAIM

Date:

Time:

Location:

Details of Accident:

Vehicle Make:

Model:

Year:

Licence Plate #:

Description of Damage:

Action taken by:

RMCP:

Bylaw Enforcement:

Other:

Witness Name:

Phone:

Witness Name:

Phone:

OTHER CLAIM

Date:

Time:

Location:

Detail of Claim:

Request for reimbursement: Yes No Amount: \$

Please attach proof of payment

Signature of Claimant

Date

OFFICE USE ONLY

NOTIFICATION OF CLAIM REPORT

The Municipal Insurance Association
200 – 429 West 2nd Ave
Vancouver, BC V5Y 1E3

Attn: Director of Claims
claims@miabc.org
Tel: 604-449-6363

RECEIVED STAMP

Director of Finance Signature

Date Received:

Time Received: