



# Notice of Claim

This form contains interactive fields – **required fields are highlighted in light turquoise**. Use the 'TAB' key to move to the next field; use 'SHIFT' + 'Tab' to move to the previous field; or use your mouse to click on the desired field.

Once completed, to email this form, please print, scan and then send as an attachment (with any photographs and diagrams) to: [riskmanagement@crd.bc.ca](mailto:riskmanagement@crd.bc.ca)

**Note: Incomplete forms may result in a delay of the investigation/adjudication of your claim**

### Claimant Information:

<b>Please Print Name:</b>		<b>Date:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>Prov/State:</b>	<b>Postal Code:</b>	
<b>Country:</b>			
<b>Home Phone:</b>		<b>Daytime Phone:</b>	
<small>Area Code</small>	<small>Phone Number</small>	<small>Area Code</small>	<small>Phone Number</small>
<b>Email:</b>			

### Details of Incident:

<b>Date of Incident</b>	<b>Approximate Time of Incident (use 24-hour clock)</b>	<b>Specific Location</b>
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**Details of Incident (cont'd):**

Please provide a detailed description of what happened (including photographs or diagrams where applicable):

Type of Damage or Injury: **Property**      **Bodily Injury**      **Vehicle Damage**  
**Other**      **What Kind:**

Please provide a detailed description of the damage (including photographs or diagrams where applicable):



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## Details of Incident (cont'd)

Was medical assistance required?	Yes	No		
If yes to above, at what level?	First Aid	Doctor	Hospital	N/A
Were there witnesses?	Yes	No		
Name of Witness #1			Contact Information	
Name of Witness #2			Contact Information	

Was the accident reported to CRD personnel at the time of the incident? Yes No

If yes to the above, who at the CRD did you talk to?

Name

Location Where You Reported the Incident

Date Reported

Have you notified your insurance provider? Yes No

If yes, please provide the insurance company's name:

Name

Claim No.

Adjuster's Name:

Adjuster's Phone No:

Area Code

Phone Number

If we have questions about the information you submitted, we will contact you directly. We expect to complete our assessment of your claim within 10 business days, at which time we will contact you with the next steps in the process.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed

The personal information collected in this form is permitted under section 26 ( c ) of the Freedom of Information and Protection of Privacy Act (the Act) for the purpose of claims management, including operational trend analysis. Please contact CRD Risk and Insurance Management, 625 Fisgard Street, Victoria, BC at (250) 360-3015 or [riskmanagement@crd.bc.ca](mailto:riskmanagement@crd.bc.ca) if you have any questions regarding the collection, use, or disclosure of this information.