

INCIDENT REPORT (GENERAL) PART ONE

- All claims should be reported by telephone to 1.888-670-1877 as soon as possible. This step is crucial to the identification of emergency situations in which quick action by qualified authorised personnel can act to reduce or even eliminate losses.**
- A completed Incident Report form must then be forwarded for every potential claim. Fax to 1 888 822 6115 with attention to the CapriCMW Claims Department.**
- Make sure a blank copy of this form is available in the organization's office and at any events and always keep a copy of the completed Incident Report form for your records.**

(SECTION A) GENERAL INFORMATION			
Name of Insured/Location		Date of Loss/Injury/Incident	
Address	Town/City	Province	Postal Code
Address where loss/injury occurred	Town/City	Province	Postal Code
Name of person filing report (print)	Position (if applicable)	Daytime Phone No. ()	
Alternate Contact Person's Name	Position (if applicable)	Daytime Phone No. ()	

(SECTION (B)) INCIDENT REPORT PARTICULARS	
Policy number	Certificate number

- Forest Fire
 Fuel Spill
 Crash
 Crime
 Other (Specify)

Provide a brief synopsis of the incident, describing damage and including date and time, circumstances and estimate.

Date	Signature
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POLICE OR FIRE (IF APPLICABLE)

Fire Chief's/Police Officer's Name	<input type="checkbox"/> Police	Division/Badge No.	Phone No. ()
	<input type="checkbox"/> Fire		

WHAT YOU CAN DO TO ASSIST

- Protect your property from further damage. For example:**
 - Install temporary covering to the building if exposed to the elements
 - Move equipment to an unaffected area of the premises
- Do not throw anything away. Make certain relevant items are kept for examination.**
- If possible, obtain photographs of the site of the accident, fire, or other loss.**
- In the event of theft or dishonesty, call the police at once.**

COMPREHENSIVE GENERAL LIABILITY INCIDENT REPORT (PART TWO)

(SECTION C) PARTICULARS

This incident involves: Bodily Injury/Personal Injury Damage to Third Party's Property by Insured
 Is there more than one claimant: Yes No If yes, complete and incident report for each claimant!
 Was there alleged to be a hazardous condition causing the incident? Yes No If yes describe:

What was the claimant doing immediately before the accident occurred?

Did the claimant's actions cause or contribute to the incident? Yes No If yes, how?

Was another person alleged to have caused the incident? Yes No If yes, who?

Name	Address	Daytime Phone No. ()
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INCIDENT DETAILS

Description of Incident (Also describe the location within premises or beyond premises where it happened):

COMPLETE THIS SECTION IF PERSON(S) INJURED

Name of Person Injured	Age (Approximate)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Guardian if Minor
Address	Town/City		Daytime Phone No. ()
Occupation	Employed by		Daytime Phone No. ()
Nature and Extent of Injury	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment <input type="checkbox"/> by Doctor <input type="checkbox"/> at Hospital <input type="checkbox"/> None Required	

WITNESSES (VERY IMPORTANT). ATTACH A SEPARATE LIST IF NECESSARY.

Name	Address	Daytime Phone No. ()
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Additional Remarks

PLEASE ALSO COMPLETE SECTION A / SIGNATURE OF PERSON COMPILING REPORT

Date	Signature
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WHAT YOU CAN DO TO ASSIST

1. Do not admit liability. Legal liability is a complex matter.
2. Make sure that any injured person receives immediate first aid. Call an ambulance if necessary.
3. It is vital that any letter from a claimant or lawyer, or court forms be sent immediately to the CapriCMW Insurance Claims department.