



CLAIM/INCIDENT REPORT FORM

IRM File:

PLEASE FILL OUT ALL FIELDS APPLICABLE AND SUBMIT THE FORM AND ANY SUPPORTING DOCUMENTATION TO:
Insurance and Risk Management, 400 Main Street SE, Airdrie AB T4B 3C3 OR IRM@airdrie.ca

PLEASE PRINT

Personal information of claimant

First name		Last Name		
Address				
City	Province	Postal code	Contact Number	E-mail

Incident Information

Incident Date (YYYY MM DD) _____ Incident Reported (YYYY MM DD) _____	Incident Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
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Location of incident:

Condition of (Check one)

Roadway Sidewalk Other Explain: _____

Reported to Police Yes No If Yes: Occurrence No. _____

Details of incident:

Additional documentation is attached

Witnesses Yes No

	Name of Witness	Address	Telephone Number
1.			
2.			
3.			

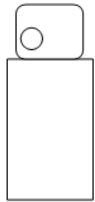
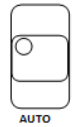


Property Damage

Describe your property damage

If motor vehicle involved Vehicle year	Make	Model
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Continued Claim Incident Report Form

Insurance Company	Policy Number	Policy Term
Estimate #1		Estimate #2

<p>MARK AN "X" WHERE DAMAGED:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>TRUCK</p> </div> <div style="text-align: center;">  <p>AUTO</p> </div> <div style="text-align: center;">  </div> </div>	<p>DRAWSKETCH OF INCIDENT SITE, SHOW ROADS, CURBS, CONSTRUCTION, TRAFFIC LIGHTS, VEHICLES, PEDESTRIANS, ETC. INDICATE VEHICLE DIRECTION WITH ARROWS</p> <div style="border: 1px dashed black; height: 100px; width: 100%;"></div>	<div style="border: 1px dashed black; height: 100px; width: 100%;"></div> <p style="text-align: right; font-size: small;">INDICATE NORTH WITH ARROW</p> 
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Injury				
Describe your injury				
Transported by ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No			Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of parent/guardian (if injured person is under age 18)				
Address				
City	Province	Postal code	Contact Number	E-mail

PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION IN SUPPORT OF YOUR CLAIM. IF CLAIM IS FOR DAMAGE TO A MOTOTR VEHICLE PLEASE PROVIDE TWO QUOTES FOR REPAIR.

This request for information does not constitute an acceptance of your claim but permits the City of Airdrie or its Insurance Representatives to properly record and investigate your claim.

Any information on this form is collected under the authority of the Municipal Act 2001, S.W. 2001, C 25 and will be used to process your claim with the City of Airdrie. Questions about the collection of this personal information should be directed to the Manager, Insurance and Risk Management, 400 Main Street SE, Airdrie, AB T4B 3C3 403-948-8800

Continued Claim Incident Report Form

An investigation begins upon receipt of your written claim and in most cases a response (or notification of extension) will be provided within 30 days. Any questions please contact Insurance and Risk Management at 403-948-8831.

Our employees are instructed to provide this form to you and are not authorized to accept responsibility for claims made. It may be in your best interests to report this matter to your own insurance company.

Please note that claims which are not delivered to the City of Airdrie within twenty-one (21) days from the time of injury or damages were sustained may be statute barred. Also note that legal action which is not brought or commenced within two years from the time injury or damages were sustained may be statute barred.

Thank you for your co-operation.

By signing this form, I _____ confirm that the information provided herein is true, and I understand that fraudulent claims may be prosecuted to the full extent of the law.

Signature

Date