



Liability Claims Reporting Form

1. Member information

Member name		Contact person	(First) (Middle) (Last)
Contact phone number		Contact email	

2. Claimant information

Claimant name	(First) (Middle) (Last)	Phone number	
Address		Solicitor retained	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Witness information

Witness name	(First) (Middle) (Last)	Phone number	
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4. Loss information

Loss location (address)		Date of loss (MM/DD/YYYY)	
Any maintenance in the area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scene photographs taken	Yes <input type="checkbox"/> No <input type="checkbox"/>	Copies attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather conditions			

5. Injury and property damage

Description of injury or property damage			
Supporting documents attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	Prior reports of property damage or injury	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional comments and information:

*Please complete as much information as possible and include incident report.

6. Signature & authorization

Name	(First) (Middle) (Last)	Date (MM/DD/YYYY)		Signature	X
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7. Submission instructions

Please submit all claims to claims@auma.ca or using NavRisk Central
 After hours emergency claims service: 1-866-939-2862

The information in this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection or use of this information may be directed to the FOIP Coordinator at FOIP@auma.ca.