



Property Claims Reporting Form

1. Member information

Member name			Contact person	(First) (Middle) (Last)
Contact phone number			Contact email	
Name other parties having a financial interest in the insured property	1.	2.		
	3.	4.		

2. Witness information

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

Loss location (address)			Date of loss (MM/DD/YYYY)	
Estimate of damage attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency repairs required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photographs of damage attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
AMSC property schedule item number				

4. Injury and property damage

Cause of loss	
Items affected	

Details of loss:
*Please complete as much information as possible.

Actions taken and date:
*Please complete as much information as possible.

5. Signature & authorization

Name	(First)	(Middle)	(Last)
Signature		Date (MM/DD/YYYY)	

6. 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.