



Sewer 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	
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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)	
Was the scene attended	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visual inspection completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was water running at the time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Damage details

Any recent sewer backups in the area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was or is there a blockage in the line	Yes <input type="checkbox"/> No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Regular scheduled maintenance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional comments and information:

*Please complete as much information as possible.

6. Signature & authorization

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

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.