Claim Incident Report

The General Insurance Plan for The United Church of Canada

(Including The General Insurance Plan for Congregations of The United Church of Canada)



All claims or any incidents that might later give rise to a claim should be reported directly to:

Teisha Thompson HKMB HUB International

 $\textbf{Email:} \ \underline{teisha.thompson@hubinternational.com}$

Toll Free Tel. No. 1-800-232-2024, ext. 394 Fax No. 416-597-6811

AFTER HOURS please contact Aviva Insurance Company of Canada Claims: 1-866-692-8482

Policy No. HUB1925			Cover Note No.					
GENERAL INFORMATION								
Named of Insured Church			Date of Loss: (mm/dd/yy)					
Street Address	City		Province		Postal Code			
Address of Loss Location City		City		Province				
Contact Person			Contact Phone #					
*FOR ALL CLAIMS, THE ABOVE INFORMATION MUST BE COMPLETED								
PROPERTY CLAIMS								
Type of Property Building Contents Boiler & Machinery Other; please specify								
Cause of loss: Fire Break & Enter Theft Vandalism Wind Damage Lightning Hail Water Damage Vehicle Impact Freezing Other:								
Please provide a brief description of this loss:								
EMERGENCY SERVICES (if applicable)								
Fire Chief's/ Police Officer's N	Name	Police Fire	Division/ Bade No.		Telephone No.			
SIGNATURE								
Name (Please Print)		Date (mm/dd/yy)						
Signature								

595 Bay Street, Sutie 900 Toronto, Ontario M5G 2E3 T 416.597.0008 F 416.597.6811

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LIABILITY INCIDENT DETAILS Please provide a detailed description of what occurred								
l lodge previde a detailed descri	iption of wi	at occurred						
INJURIES (if applicable)								
Name of Person Injured	Age	-	Male Female	;	Name of Guardian if Minor			
Address	City		Province		Postal Code			
Occupation	Employed By		l	Contact	Contact Phone#			
Type of Injury		Was person taken to hospital? Yes □ No □		Name o	Name of Hospital			
Type of Treatment				•				
WITNESSES								
Name		Address		Phone#				
Name		Address		Phone#				
ADDITIONAL REMARKS								
SIGNATURE								
Name (Please print)			Date (mm/dd/yy)					
Signature								