

Incident Reporting Form

Policy no. _____ Date of report _____ Date of loss _____

Certificate no. _____ Insured name _____

Name of person completing report _____ Contact person _____

Phone number _____ Phone number _____

Liability incidents (i.e. slips and falls)

Type of loss Bodily injury Miscellaneous liability (errors and omissions, directors and officers etc.)

Property damage Crime (inside/outside robbery, employee dishonesty etc.)

Name of claimant: _____ Phone number: _____

Location of incident: Inside Outside Sidewalk/steps Parking lot Other

Weather conditions: Rain Snow Sleet Icy/slippery Hot/humid Windy Clear

Details of incident: _____

_____ Time of day ____:____ a.m. p.m.

Was anyone injured? Yes No Were medical services provided? Yes No

Note: Do not make any statements or declarations accepting or admitting liability

Property losses (i.e. damage to buildings, contents, equipment, etc.)

Type of loss: Fire Theft Water (specify type i.e. flood, sewer backup, plumbing etc.)

Wind Vandalism Other (specify)

Lightning Boiler/machinery(accidental breakdown of air conditioning units, electrical panels etc.)

Location of incident _____

Description of incident _____

Estimated value of property damaged/lost/stolen \$ _____

Witnesses

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Police information:

Name of the investigating officer	Occurrence number
Badge number:	Phone no.
Division or region	

Additional details:

Declarations, warranty, privacy and consent

The Applicant(s) (collectively, the “**Applicant**”) confirms that he/she wishes to use Aon’s services and consents to Aon’s collection, use and disclosure of any personal information required for the following purposes:

- To determine eligibility and process applications for insurance products and to provide information and services as requested
- To understand and assess ongoing needs and offer products and services to meet those needs
- For communication, service, billing and administration purposes
- For claims administration and data analysis
- To comply with legal, audit, security and regulatory requirements
- To verify the personal information provided.

The Applicant authorizes Aon to collect and/or disclose the Applicant’s personal information from/to third parties such as insurance companies, other brokers, adjusters, agencies, motor vehicle/driver licensing authorities and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein. The client acknowledges that in providing the requested services, Aon may need to utilize its affiliates and/or third service providers who may be located inside or outside of Canada and therefore personal information may be subject to the laws of that jurisdiction. The Applicant acknowledges that he/she may withdraw a previously given consent for one or more purposes at any time, by contacting Aon’s Privacy Officer in writing and understands that such withdrawal may result in Aon’s inability to provide the services requested. The Applicant acknowledges that this Consent remains in force until withdrawn by the Applicant in whole or in part, regardless of any other consents the Applicant may sign authorizing the collection, use or disclosure of personal information. Aon’s Privacy Policy and Privacy Officer contact information is available at <http://www.aon.com/canada/about-aon/privacy.jsp> or by calling any Aon office in Canada.

Signature:

Date:
