

INCIDENT REPORT NOTICE OF INJURY



PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE

SEND TO: THE DIOCESE OF VICTORIA

TEL: (250)-479-1331 EMAIL insurance@rcdvictoria.org

CAPRICMW INSURANCE SERVICES LTD.

Tel : (250) 860-1213 PH. 1-888-668-4441 Email: reception@capricmw.ca

Episcopal Corporation Name: Diocese of Victoria

Date:

Location Name

Address of Incident

Location of Loss (if different)

Contact Person

Email

Telephone #

Fax #

Cellular #

Accurate description of the occurrence

INJURED PARTY

Name

Age

Address

Telephone #

Extent of Injury (if known)

CONTRIBUTING FACTORS

Weather Conditions (tick all that apply): Clear Dry Sunny Cloudy Raining Fog
Snowing Daylight Dusk Dark Other (describe)

Road/Sidewalk Conditions: (tick all that apply): Paved Gravel Sidewalk Footpath Wet
Dry Icy Snow-covered Other (describe)

If snow or ice related: Date, Time and approx. amount of last snowfall

General Observations: Footwear-Type Eyeglasses: Yes No Pets: Yes No

Carrying anything: Yes No Alcohol or Drug Involvement: Yes No

PHOTOGRAPH AREA: Yes No Date & Time Taken By Whom

WITNESSES (attach written statements if available)

1. Name Telephone #

Address

Comments

2. Name Telephone #

Address

Comments

Who assisted the person/action taken:

Name of Person Providing Report

Date Reported to Capri Insurance

Time

FOR CAPRICMW INSURANCE USE ONLY

Date Claim Report Received

Claim #

Adjuster Assigned

Claims Procedures Taken