



The personal information collected on this form is directly related to, and is necessary for, the administration of Ministry claims programs. The information collected will be used to assess and report on the incident described. If you have any questions about the collection, use and disclosure of this information, contact the Risk Manager, Insurance and Risk Management, PO Box 186, Halifax, NS B3J 2N2, phone 1-888-670-7767 or 902-424-4440.

Claimant _____ Phone () - _____

Address _____

Postal Code _____

Incident Date (yyyy/mm/dd) _____ Time _____ G AM G PM

Incident Location (Include exact location: road, highway, nearest city, or ferry location where incident occurred)

Description of Incident (Include damages and losses)

Use reverse side of this form for sketches and other comments.

- | |
|---|
| <p>1. ATTACH PHOTOCOPY OF THE VEHICLE REGISTRATION</p> <p>2. ATTACH COPIES OF ESTIMATES OR INVOICES</p> |
|---|

Vehicle Plate Number _____ Province _____

Insurance Company _____ Policy/Claim Number _____

Witness Name _____ Phone () - _____

Address _____

Postal Code _____

Claimant's Signature

Print Name

Date (yyyy/mm/dd)

If police attended, quote Detachment/File Number _____

DEPT. OF TRANSPORTATION & INFRASTRUCTURE RENEWAL USE ONLY (Complete and attach copies of relevant documents)

Work Done by TIR or Other Contractor

Type of Work Maintenance or Construction Specify _____

Contract Type Major Minor Operational Services Other Contractor Local Minor Works & Services

Project Number (for the above) _____ Name of Contractor (if applicable) _____

Highways District _____ Phone () - _____

Contact Name/Area Manager/Construction Manager _____ Phone () - _____

MAIL TO:

INSURANCE & RISK MANAGEMENT
DEPT. OF TRANSPORTATION AND
INFRASTRUCTURE RENEWAL
PO BOX 186
HALIFAX, NS B3J 2N2

TELEPHONE: 1-888-670-7767
FACSIMILE: (902) 424-2325

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