NOTIFICATION OF CLAIM

Claimant

Address

Phone (  ) -

Postal Code

Incident Date (yyyy/mm/dd)

Time

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.

1. ATTACH PHOTOCOPY OF THE VEHICLE REGISTRATION
2. ATTACH COPIES OF ESTIMATES OR INVOICES

Vehicle Plate Number

Insurance Company

Witness Name

Address

Phone (  ) -

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 and

Q TIR or Q Other Contractor

Type of Work

Q Maintenance or Q Construction Specify

Contract Type

Q Major Q Minor Q Operational Services Q Other Contractor Q Local Minor Works & Services

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

Highways District

Contact Name/Area Manager/Construction Manager

Phone (  ) -

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 Form # IRM06-001

PR5073 Road Hazards Claims/Investigations Process APPENDIX A