



Saskatchewan Association of Rural Municipalities

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**LIABILITY SELF INSURANCE PLAN
Claim and Incident Report Form**

Contact Information

Rural Municipality: _____
Name *Number*

Claimant: _____
Name

Claimant Address: _____
Street Address / Box Number *City* *Postal Code*

Phone Number: _____ Email Address: _____

Claim Information

Date of Report: _____ Time & Date of Loss: _____

Location of Loss (Legal Land Description): _____

If general property loss, completed Section A; if vehicle loss, complete Section B; if personal injury, complete Section C.

Section A – General Property Damage

Type of Property Damaged: _____

Section B – Vehicle Damage

Vehicle Make: _____ Vehicle Year: _____

Vehicle Mileage: _____ Vehicle License Number: _____

Name of Driver: _____ License Number of Driver: _____

Section C – Personal Injury

Description of Injury: _____

Statement

Detailed description of the loss & damage claimed (ie. if a vehicle – direction of travel, road condition, approximate speed, weather conditions, reported to SGI and/or police, etc.):

If the Claimant is not the driver, please have the driver fill out a separate statement.

If applicable:

RCMP Officer Name:

RCMP Detachment:

RCMP File Number:

Date

Signature of Claimant

Signature of Witness