



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*