



Owen Sound

LIABILITY CLAIM INFORMATION SHEET

(Written notification of claim must be received within ten (10) days of incident)

Name: _____

Address: _____ Postal Code) _____

Telephone: (W) _____ (H) _____

Date of Incident: _____

Location and Time: _____

Description of Incident: _____

Damages/Injuries Incurred: _____

If injured, did claimant go to hospital: YES NO

Witness to Incident: _____

Information Recorded by: _____

Date Recorded: _____

I agree to allow pertinent personal information contained on this form to be used by the departments or institutions affected by the claim and by such individuals, specifically adjusters or legal counsel, that could reasonably be expected to require such information.

Signature

OFFICE USE ONLY:

Insurance Adjusters Notified: _____ Date: _____ Time

Comments _____
