



Sunshine Coast Regional District

External Claims Form

SCRD Risk Management Office
1975 Field Road
Sechelt, BC V0N 3A1

Instructions: Please attach additional pages if you require more space.

Contact

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Is claimant under 19 years of age?: Yes No

Incident Details

Location where incident occurred:

(Address or nearest intersection, direction of travel, lane of travel [i.e. curb lane, left turn lane, middle lane]. Enclose map or diagram if needed.)

Exact DATE and TIME incident occurred:

Type of Damage or Injury

Property Damage

Bodily Injury

Description of incident:

Give a detailed description of what happened: (Attach photos or other evidence if any.)

If bodily injury, was medical assistance given? Yes No

If yes, what level? First Aid Doctor Hospital

Were there witnesses? Yes No

If yes, Who?

Name of Witness Name of Witness Name of Witness Name of Witness

As a result of the incident, I suffered the following damage:
 (Indicate your estimated or actual cost to repair the damage. Attach photos, invoices or other evidence if any.)

Have you claimed, or will you be claiming, any compensation from an insurance provider? Yes No

If Yes, please provide the name and contact information of your insurance provider(s) and file number(s):

Important

I understand that:

1. A completed Claim form stating the time, place and manner in which the damage occurred, must be delivered to the SCRD's Risk Management division in writing, **within two months** from the date of the incident as outlined in Section 736 of the *Local Government Act*.
2. The information provided on this form and any further correspondence with the SCRD about this claim is for the purpose of managing claims against the SCRD. Personal information is collected, used, disclosed and retained by the SCRD under the authority of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, disclosure or retention of the information provided may be made to the SCRD's Freedom of information Officer at 604-885-6800.
3. After a Claim is received by Risk Management you will receive a written acknowledgement with 5 days of your Notice of Claim.
4. The SCRD expects to complete the assessment of the claim in 4-6 weeks, at which time the SCRD or a representative will advise the claimant of the next steps in the process, as such the SCRD suggests that the claimant also contact their insurer to see if coverage exists under their insurance policy.

Applicant's Signature: _____

Date: _____

<p>Office Use Only</p> <p>Claim No: _____</p>
