

1. Member information

Member name		Contact person	(First)	(Middle)	(Last)
Contact phone number		Contact email			

2. Claimant information

Claimant name	(First)	(Middle)	(Last)	Phone number	
Address				Solicitor retained	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Witness information

Witness name	(First)	(Middle)	(Last)	Phone number	
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4. Loss information

Loss location (address)				Date of loss (MM/DD/YYYY)	
Any maintenance in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scene photographs taken	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Copies attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weather conditions					

5. Injury and property damage

Description of injury or property damage					
Supporting documents attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prior reports of property damage or injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional comments and information:

*Please complete as much information as possible and include incident report.

6. Signature & authorization

Name	(First)	(Middle)	(Last)	Date (MM/DD/YYYY)		Signature	X
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7. Submission instructions

Please submit all claims to claims@abmunis.ca.
After hours emergency claims service: **1.866.939.2862**