



## POWER WORKERS' UNION PROTECTION PLAN INCIDENT REPORT FORM

IF YOU HAVE QUESTIONS CALL 1-877-393-0338

PLEASE ENSURE YOU HAVE REGISTERED PRIOR TO SUBMITTING A CLAIM

<i>Nature of Claim (please select the appropriate box)</i>	<i>Where to submit incident report form</i>
<input type="checkbox"/> Identification Theft	2235 Sheridan Garden Drive Oakville, Ontario L6J 7Y5 <b>Fax:</b> 905-287-2403 or 1-800-705-0006 <b>Email:</b> pwupp@firstcdn.com
<input type="checkbox"/> Legal Expenses	
<input type="checkbox"/> Title Insurance*	

\* Insurance by FCT Insurance Company Ltd. Services by First Canadian Title Company Limited.

**A Claims Representative will contact you within 1 business day of your Incident Report.**

### **INCIDENT REPORT FORM**

Name of Insured Member of the <b>POWER WORKERS' UNION PROTECTION PLAN:</b>				
Last			First	
Date of Incident Report:		(MM/DD/YYYY)	Date of loss:	
			(if unsure of exact date, please give your best estimate)	
Employer:				
Employee No.:		(if available)	Date of Hire:	
			(	
Location of Employment:				
Home Address:				
Street		Apt/Unit	City	Province
Postal Code				
Phone:		(Home)		(Work)
Email:		(Home)		(Work)
Preferred methods of communication (choose all that apply):				
		<input type="checkbox"/> Work Phone	<input type="checkbox"/> Work Email	
		<input type="checkbox"/> Home Phone	<input type="checkbox"/> Home Email	



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### CONTACT INFORMATION

Are you submitting this Incident Report on behalf of another **covered person** under the Power Workers' Union Protection Plan (meaning a covered 'spouse', 'child', or 'other dependent' as defined by the Power Workers' Union Protection Plan)? If **YES**, please provide their name and contact information.

Name:

Last

First

Address:

Street

Apt/Unit

City

Province

Postal Code

Telephone Number:

(Home)

(Work)

Email:

(Home)

(Work)

Preferred Method of Communication: (check all that apply)

Home Phone

Work Phone

Home Email

Work Email

### SUMMARY OF INCIDENT *(attach a separate piece of paper if necessary)*

Please give a brief explanation of the nature of the situation or incident:

Why do you suspect this might be a claim?

How did you discover this situation or incident?



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### CONSENT

The personal information collected on this form is in accordance with the Privacy Policy of Purves Redmond Limited and is in compliance with applicable Privacy legislation.

I hereby consent and/or have obtained the consent of the other individual whose personal information appears on this form to the collection, use and disclosure of this information for the purposes of reporting, investigating and settling claims.

Signature:

Dated:

(MM/DD/YYYY)