



Vehicle Damage Incident Claim Form

This questionnaire is designed to assist you in providing all the information necessary to have your vehicle damage claim reviewed. The more accurate the information, the more quickly your claim will receive a decision.

Contact Information:

Submitter's Full Name: _____

Phone Number(s): _____

Address (Street/Box Number/Town/City/Postal Code): _____

Name of Driver (if not same): _____

Email Address: _____

Incident Details:

Date and Time of Incident: _____

Location of incident: (Highway Number/RR/Twp. Rd, how far to nearest town/city, landmarks)

What was your speed at the time of incident? What direction were you going?

Provide type of vehicle: (Make, Model, and Year)

Describe road conditions: (Example: Dry, Gravel, Icy, Mud, Wet, etc.)

Describe weather conditions: (Example: Clear, Fog/Mist, Hail, Rain, Sleet, Snow, etc.)

Were signs posted in the area? YES NO

Please describe:

If another vehicle was involved, please describe it and how it was involved:

Was the incident reported to the Police?

Was the incident reported to your Insurance Company?

What is the estimated cost of damages? Provide copy of estimate/receipt.



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Describe the Vehicle Damage:

Please describe in your own words the details of the incident that caused the vehicle damage that you are submitting this claim for:

It is not uncommon for vehicles to incur vehicle damage while travelling on provincial and rural municipality roads and highways and these damages can occur for a variety of reasons. Please provide the reason(s) why you believe Emcon Services is responsible to pay for the damages to your vehicle in the incident described above:

Additional Comments:

I attest that the information provided above is true to the best of my knowledge and ability:

Signature of Claimant

Date

Name – Please Print

Instructions:

When complete, save this file using your last name as a file name. Please include damage repair quotes and photographs (if available) along with your claim. You can submit this claim without them, however, please state in your notes when you will be forwarding repair quote/photographs.

Send completed form to claims.ab@emconservices.ca or by mail to Emcon Services Inc., 9050-14 Street, Edmonton, AB T6P 0B7.