



AMSC Liability Claims Reporting Form

Please submit all claims to Michael Parkin, Claims Consultant

E-mail: mparkin@auma.ca

Claims Fax: 1-866-571-6042

After Hours Emergency Claims Service Phone Number: 1-866-939-2862

Municipality:

Contact Name: _____

Contact Phone Number: _____

Contact email: _____

Claimant Information

Name: _____

Phone Number: _____

Address: _____

Solicitor Retained: Yes No

Witness Information

Name: _____

Phone Number: _____

Loss Information

Date of Loss: _____

Loss Location (Address): _____

Weather Conditions: _____

Any maintenance in this area: Yes No

Report attached: Yes No

Scene photographs taken: Yes No

Copies attached: Yes No

Injury and Property Damage

Description of Injury or Property Damage: _____

Supporting documents attached: Yes No

Prior reports of property damage or injury: Yes No

Description: _____

Supporting documents attached: Yes No

Details or Comments:

* Include incident report

* Please complete as much information as possible
