



INCIDENT REPORT NOTICE OF INJURY



PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE
SEND TO: THE DIOCESE OF VICTORIA
TEL: (250)-479-1331 EMAIL insurance@rcdvictoria.org
CAPRICMW INSURANCE SERVICES LTD.
Tel :(250) 860-1213 PH. 1-888-668-4441 Email: reception@capricmw.ca

Episcopal Corporation Name: Diocese of Victoria
Location Name
Address of Incident
Location of Loss (if different)
Contact Person **Email** **Telephone #**
Fax # **Cellular #**
Accurate description of the occurrence

INJURED PARTY
Name **Age**
Address **Telephone #**
Extent of Injury (if known)

CONTRIBUTING FACTORS
Weather Conditions (tick all that apply): Clear Dry Sunny Cloudy Raining Fog
 Snowing Daylight Dusk Dark Other (describe)
Road/Sidewalk Conditions: (tick all that apply): Paved Gravel Sidewalk Footpath Wet
 Dry Icy Snow-covered Other (describe)
If snow or ice related: Date, Time and approx. amount of last snowfall
General Observations: Footwear-Type Eyeglasses: Yes No Pets: Yes No
 Carrying anything: Yes No Alcohol or Drug Involvement: Yes No
PHOTOGRAPH AREA: Yes No Date & Time Taken By Whom

WITNESSES (attach written statements if available)
1. Name **Telephone #**
Address
Comments
2. Name **Telephone #**
Address
Comments

Who assisted the person/action taken:
Name of Person Providing Report
Date Reported to Capri Insurance **Time**

FOR CAPRICMW INSURANCE USE ONLY
Date Claim Report Received **Claim #**
Adjuster Assigned
Claims Procedures Taken