



# RETIRED WORKERS CHAPTER

## POWER WORKERS' UNION PROTECTION PLAN for RETIREES INCIDENT REPORT FORM

(Please print – Attach separate sheet if additional space required)

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

Nature of Claim (please select the appropriate box)	Where to submit incident report form	
<input type="checkbox"/> Legal Expenses	<b>Cyndy Craig</b> 38 James Street South Hamilton, Ontario L8P 4W6 <b>Tel:</b> 1-888-368-8858 ext. 496 <b>Fax:</b> 1-877-356-6674 <b>Email:</b> cyndy.craig@crawco.ca	
<input type="checkbox"/> Title Insurance* <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	

\* Insurance by FCT Insurance Company Ltd.

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

### INCIDENT REPORT FORM

Name of Insured Retiree of the **POWER WORKERS' UNION PROTECTION PLAN**:

\_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Date of Incident Report: \_\_\_\_\_ (MM/DD/YYYY)      Date of loss: \_\_\_\_\_ (MM/DD/YYYY)  
 (if unsure of exact date, please give your best estimate)

Home Address:

\_\_\_\_\_

Street \_\_\_\_\_ Apt/Unit \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Preferred methods of communication (choose all that apply):  Home Phone  Home Email

### CONTACT INFORMATION

Are you submitting this Incident Report on behalf of another **covered person** under the Power Workers' Union Protection Plan for Retirees (meaning a covered 'spouse', 'child', or 'other dependent' as defined by the Power Workers' Union Protection Plan for Retirees)? 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: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Preferred Method of Communication: (check all that apply)

Home Phone  Work Phone  Home Email  Work Email



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WORKERS  
CHAPTER**

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PROTECTION PLAN for RETIREES  
INCIDENT REPORT FORM**

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

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

[Blank lines for text entry]

Why do you suspect this might be a claim?

[Blank lines for text entry]

How did you discover this situation or incident?

[Blank lines for text entry]

**CONSENT**

The personal information collected on this form is in accordance with the Privacy Policy of HKMB International Insurance Brokers 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: [Blank line]

Dated: [Blank line] (MM/DD/YYYY)