



UNIVERSITY OF LETHBRIDE INSURANCE & RISK

NOTICE OF CLAIM

This Notice of Claim is for information only and does not infer acceptance of liability by the University of Lethbridge

The personal information requested on this form is collected under authority of the Alberta Post-secondary Learning Act (Alberta) and section 33c of the Freedom of Information and Protection of Privacy Act (Alberta) (the "Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of claim assessment. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620, email: foip@uleth.ca .

CLAIMANT'S PERSONAL INFORMATION

NAME (FIRST – LAST, OR BUSINESS NAME):

HOME PHONE:

ALTERNATE PHONE:

CURRENT HOME ADDRESS (UNIT NUMBER-STREET-CITY-PROVINCE-POSTAL CODE)

HOME ADDRESS AT THE TIME THE CLAIM AROSE IF DIFFERENCE FROM ABOVE (UNIT NUMBER-STREET-CITY-PROVINCE-POSTAL CODE)

EMAIL:

INCIDENT DETAILS

INCIDENT DATE:

TIME OF INCIDENT: (AM/PM)

INCIDENT LOCATION OR FACILITY: (BE AS SPECIFIC: STATE PARKING LOT LOCATION, ROADWAY NAME, CAMPUS BUILDING, ROOM NUMBER)

PERSONS OR EQUIPMENT INVOLVED:

DESCRIPTION OF DAMAGE OR INJURY:

WAS YOUR PROPERTY DAMAGED? (FULLY DESCRIBE – AGE, MAKE, MODEL, CONDITION, VALUE OR EXTENT OF DAMAGE)

WERE YOU INJURED? (DESCRIBE YOUR INJURY, IDENTIFY YOUR DOCTOR(S))

ESTIMATED AMOUNT OF CLAIM: PLEASE PROVIDE THE FOLLOWING IF AVAILABLE: COPY OF THE POLICE REPORT; COPIES OF WRITTEN ESTIMATES OF DAMAGES, IF APPLICABLE; BILLS OR PROOF OF PAYMENT FOR ANY DAMAGES ALLEGEDLY SUFFERED BUT NOT COVERED BY INSURANCE; PHOTOGRAPHS OR ANY OTHER DOCUMENTATION WHICH COULD HELP SUBSTANTIATE YOUR CLAIM.

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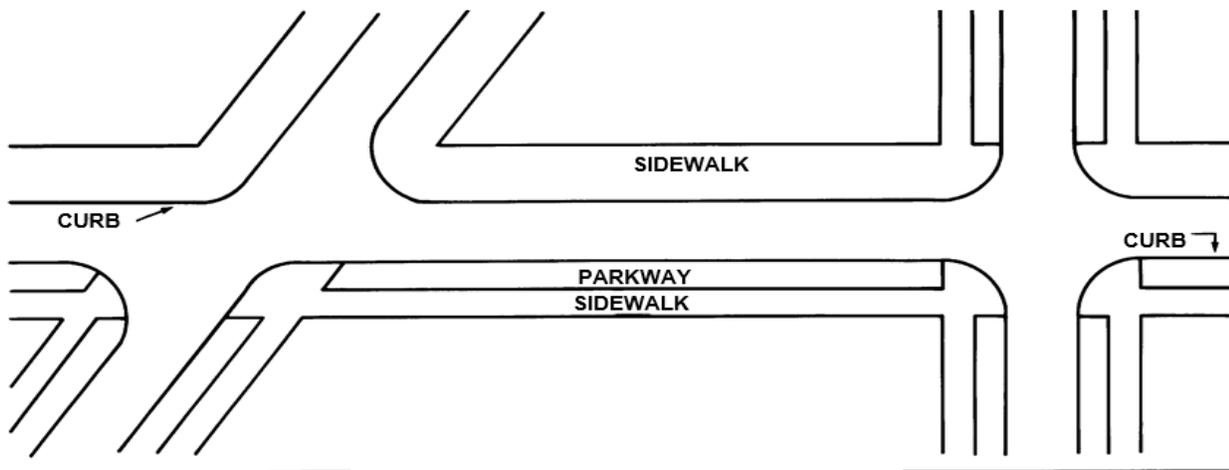
For all accident claims, place on the following diagram names of buildings and indicate direction. (N, S, E, W) Indicate the place of accident by "X" and show buildings adjacent to incident.

If a University vehicle was involved, designate by letter "A" the location of the University vehicle when you first saw it, and by "B" the location of yourself or your vehicle when you first saw the University vehicle; location of the University vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

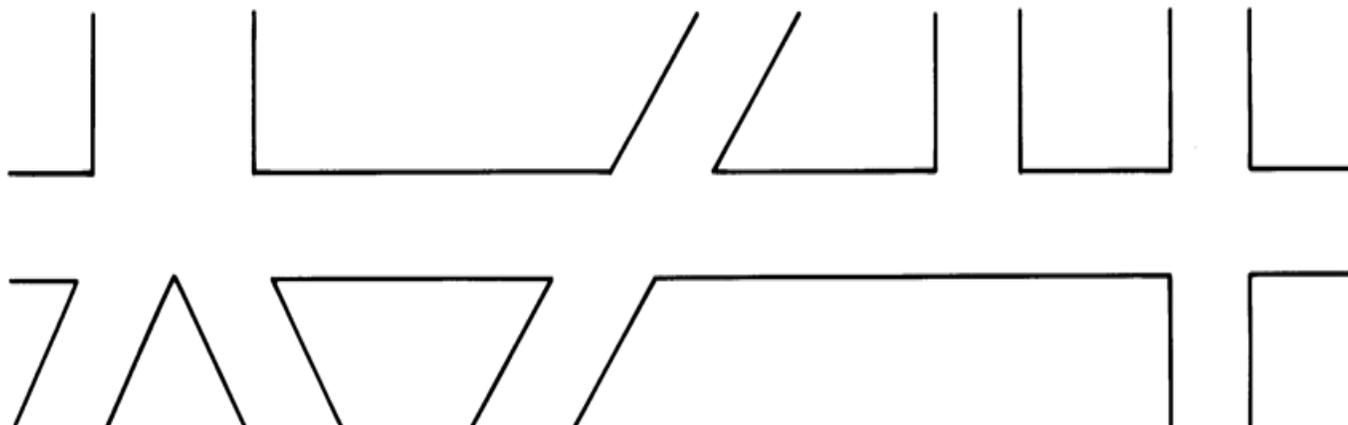
NOTE: If the situation does not fit the diagram, attach hereto a proper diagram signed by claimant.

DIAGRAM

FOR OTHER THAN AUTO ACCIDENTS



FOR AUTOMOBILE ACCIDENTS



I certify that the above information is, to the best of my knowledge, true and provided this claim is approved, I fully release and discharge the University of Lethbridge from all other causes of action, liabilities and damages I may have pertaining to this claim.

CLAIMANT SIGNATURE

DATE