

Saskatchewan Association of Rural Municipalities

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PROPERTY SELF INSURANCE PROGRAM Claim and Incident Report Form

		RM Contac	t Information		
Rural Municipality:	Name				Number
	- tame				Humbor
Completed By:	Name				
Claim Contact:	Name				
Phone Number:			Email Address:		
		Claim In	formation		
Date of Report:	Date of Loss:				
Type of Loss:	Fire	Wind	Collision	Theft	Vandalism
	Other:				
Location of Loss:					
Equipment Descrip	otion (if applicable):				
			n of Incident		
		Beschptio			
Description of Loss	S:				
Estimated Value o	f Loss:				
If your loss involve	d criminal activity, co	ntact police immed	diately and provide th	e following inform	ation:
RCMP Officer Nan	ne:				
RCMP Detachmer	nt:				
RCMP File Numbe	er:				