

# Vehicle Fire and Accident Claim

Section A: Contact information	
Municipality	Date (dd/mm/yyyy)
Email address	Phone number (    )    -    ext:
Contact name	Payee number
Mailing address	

Section B: Incident information			
Date of incident (dd/mm/yyyy)	Type of incident	Extrication	Vehicle fire
Location of incident			
Times	Call received:	a.m. p.m.	Arrival at scene:
	Leaving scene:	a.m. p.m.	Return to station:
	Back in service:	a.m. p.m.	Total time:

Section C: Description of incident			
Work performed	Start time	End time	Service performed
Extrication	a.m. p.m.	a.m. p.m.	
Fire fighting	a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.	
Other (provide details):			

Section D: Vehicle information				
	Owner/operator name	Vehicle make/model	Licence plate number	Province/state
Vehicle #1				
Vehicle #2				
Vehicle #3				
Vehicle #4				
<b>Note:</b> If the police attended, please provide the officer's name, detachment and police file number.				

Section E: Claim amount		
Total time	x Rate	= Total claim for service
hours                  minutes	x \$937.65	