

Comprehensive General Liability Insurance

Loss Reporting Procedure

Any incident, event or occurrence however minor which results in injury to others, or which may otherwise give rise to an allegation or claim against the Government must be promptly reported on the "Liability Incident Report" form. Fax copies to Risk Management, Dept. of Finance, Iqaluit at 867-975-5845. Or email to mfournier@gov.nu.ca , jdoiron@gov.nu.ca

If the incident appears serious or if severe injury or property damage has occurred, please provide immediate notice

It is important that any documentation relating to an incident be forwarded immediately to Risk Management. The following will be required:

- any threat of legal action
- any demand or invoice presented
- any Statement of Claim issued against the GoN, the Commissioner, any Department of the GoN or any employee of the GoN if the allegations arise out of the performance of their duties
- any other information deemed necessary for each individual case.

The following report can be printed, filled out and sent to the Risk Management,
Department of Finance, Iqaluit at (867) 975-5845

Liability Incident Report

To be completed for **ALL** incidents occurring in or on government premises or involving any Government activity, which results in bodily injury or damage to property of others.

NOTE: Do not use this form to report motor vehicle accidents. Use the Vehicle Accident Report form

If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit telephoned at (867) 975-5809 or faxed at (867) 975-5845 or email: riskmanagementandinsurance@gov.nu.ca.

Person Reporting	
Name:	Title:
Phone:	Department:
Settlement:	Region:

Details of the Incident	
Date of Occurrence:	Time of Occurrence:
Location (be specific):	
Description of Occurrence:	
If injury occurred, explain:	
Was scene attended by police or medical personnel?	
Person who sustained injury:	
Address:	
Employer:	

If Property Damage Occurred	
Owner:	
Address:	Phone:
Description of Property Damaged:	
Description of Damage (be specific):	
Estimate of Cost to Repair or Replace:	
Name and Address of Witness(es):	

This Form
Date this Report Completed: