

# The Anglican Diocese of Toronto – Incident Reporting Form

Please send the completed form to [tanya.ketterer@aon.ca](mailto:tanya.ketterer@aon.ca)

Policy no.: 0102133FX09 Date of report: \_\_\_\_\_ Date of loss: \_\_\_\_\_  
Certificate no.: \_\_\_\_\_ Church name: \_\_\_\_\_  
Name of person completing report: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Contact email: \_\_\_\_\_ Contact phone no.: \_\_\_\_\_

## Complete for all liability incidents (i.e. slips and falls)

Type of loss:  Bodily injury  Professional liability (errors and omissions, directors' and officers' liability)  
 Property damage  Crime (inside/outside robbery, employee dishonesty etc.)

Name of claimant: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location of incident:  Inside  Outside  Sidewalk/steps  Parking lot  Cemetery  Other

Weather conditions:  Rain  Snow  Sleet  Icy/slippery  Hot/humid  Windy  Clear

Details of incident: \_\_\_\_\_

Time of day: :  a.m.  p.m.

Was anyone injured?  Yes  No

Were medical services provided?  Yes  No

**Note: Do not make any statements or declarations accepting or admitting liability**

## Complete for all Property Losses (i.e. damage to buildings, contents, equipment, etc.)

Type of loss:  Fire  Theft  Water (specify type i.e. flood, sewer backup, plumbing etc.)  
 Wind  Vandalism  Other (specify)  
 Lightning  Boiler/machinery (accidental breakdown of air conditioning units, electrical panels etc.)

Location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

Estimated value of property damaged/lost/stolen (\$): \_\_\_\_\_

## Witnesses

Name	Telephone

## Police Information

Name of the investigating officer: \_\_\_\_\_ Occurrence no.: \_\_\_\_\_

Badge number: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Division or region: \_\_\_\_\_

**Additional details:** \_\_\_\_\_

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- To comply with legal, audit, security and regulatory requirements
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