

Print, fill out and fax the following report and driver statement to: (867) 975 - 5845

Incident Report – Travel Incident Claim

To be completed for incidents not related to Auto, Liability, or Property coverage's for which other forms have to be used.

If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit: by telephone at (867) 975-5809 or (867) 975-5825 or fax 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:	
Please indicate the purpose of the trip and attach all pertinent documents and details:	
If injury occurred, explain:	
Was scene attended by police or medical personnel?	
Person who sustained injury:	
Address:	
Employer: GN (What department?)	
Or other Employer?:	

1 st Witness Name:	2 nd Witness Name:	3 rd Witness Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

This Form
Date this Report Completed:

Risk Management
Department of Finance
Box 2260, Iqaluit, NU
X0A 0H0