



## POWER WORKERS' UNION PROTECTION PLAN INCIDENT REPORT FORM

**IF YOU HAVE QUESTIONS CALL 1-877-293-0038**

**PLEASE ENSURE YOU HAVE REGISTERED PRIOR TO SUBMITTING A CLAIM**

Nature of Claim (choose correct (or appropriate) box)	Where to submit incident report form
<input type="checkbox"/> Identification Theft	2224 Sheridan Garden Drive Ottawa, Ontario K4J 1Y5 Fax: 800-237-2622 or 1-800-703-0038 Email: <a href="mailto:power@fctinc.com">power@fctinc.com</a>
<input type="checkbox"/> Legal Expenses	
<input type="checkbox"/> Title Insurance*	

\* Insurance by FCT Insurance Company Ltd. Services by First Canadian Title Company Limited.

**A Claims Representative will contact you within 1 business day of your Incident Report.**

### INCIDENT REPORT FORM

Name of Insured Member of the <b>POWER WORKERS' UNION PROTECTION PLAN</b>	
<input style="width: 100%;" type="text"/>	
Cell <input style="width: 150px;" type="text"/>	Fax <input style="width: 150px;" type="text"/>
Date of Incident Report: <input style="width: 100px;" type="text"/>	Date of Loss: <input style="width: 100px;" type="text"/>
<small>(Month/Day/Year) (Month/Day/Year)</small>	
Employer: <input style="width: 100%;" type="text"/>	
Employee No. <input style="width: 150px;" type="text"/>	Date of Hire <input style="width: 100px;" type="text"/>
<small>(if available)</small>	
Location of Employment: <input style="width: 100%;" type="text"/>	
Home Address: <input style="width: 100%;" type="text"/>	
Street <input style="width: 150px;" type="text"/>	Postal Code <input style="width: 100px;" type="text"/>
City <input style="width: 100px;" type="text"/>	Province <input style="width: 100px;" type="text"/>
Phone: <input style="width: 150px;" type="text"/> Home <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> Work <input style="width: 150px;" type="text"/>
Email: <input style="width: 150px;" type="text"/> Home <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> Work <input style="width: 150px;" type="text"/>
Preferred methods of communication (choose all that apply):	
<input type="checkbox"/> Work Phone	<input type="checkbox"/> Work Email
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Home Email