Power Workers' Union Protection Plan Incident Report Form

purves redmond limited

Please ensure you have registered prior to submitting an incident. A representative will contact you within 2 business day of your Incident Report. If you have questions, call 1.877.393.0338.

Nature of Claim (check one):	Please submit form to :		
☐ Identification Theft	**Identification Theft: CyberScout** 1.866.272.1223 (Must call to report incident)	**Title Insurance (FCT Insurance Company, Claims Department):** **claims@firstcdn.com** Tel: 1.800.307.0370 Fax: 1.877.466.3196	**Legal Expense:** **newcrawfordclaims@crawco.ca** Tel: 416.364.0577 ext. 2028
☐ Legal Expenses			
☐ Title Insurance*			

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

Incident Report
To be completed below by a member of the POWER WORKERS' UNION PROTECTION PLAN:

Last name:	Date of Incident Report (mm/dd/yyyy):
First name:	Date of loss (mm/dd/yyyy):
Home address (include unit if applicable and postal code):	Employer:
	Employee no.:
	Date of hire (mm/dd/yyyy):
	Location of employment:
Home phone:	Work phone:
Home email:	Work email:

Preferred methods of communication (check all that apply):

☐ Home phone   ☐ Home email   ☐ Work phone   ☐ Work email

Contact Information
If you are submitting this Incident Report on behalf of another eligible person (i.e., an eligible 'spouse', 'child', or 'other dependent') as defined by the POWER WORKERS' UNION PROTECTION PLAN, please provide their name and contact information below.

Last name:	Home phone:
First name:	Home email:
Address (include unit if applicable and postal code):	Work phone:
	Work email:

Preferred methods of communication (check all that apply):

☐ Home phone   ☐ Home email   ☐ Work phone   ☐ Work email

Power Workers' Union Protection Plan Incident Report Form (continued)

Summary of Incident   Attach a separate piece of paper if necessary.

Please provide a brief explanation of the nature of the situation or incident, and how and when you discovered the situation or incident:

Consent

The personal information collected on this form is in accordance with the Privacy Policy of Purves Redmond Limited and is in compliance with the applicable privacy legislation.

☐ **I hereby consent and/or have obtained the consent of the other individual whose personal information appears on this form to the collection, use and disclosure of this information for the purposes of reporting, investigating and settling claims.**

Signature:	Date (mm/dd/yyyy):

POWER WORKERS' UNION
PROTECTION PLAN

purves redmond limited