



AMSC Auto Claims Reporting Form

Please submit all claims to claims@amsc.ca or Fax: 1-866-571-6042

After Hours Emergency Claims Service Phone Number: 1-866-939-2862

Municipality:				
Contact Name:	Belinda Belseck			
Contact Phone Number:	403-562-8833	Contact E-mail:	Belinda.belseck@crownsnestpass.com	
Municipality Information				
Driver Name:				
Vehicle Description:				
AMSC Schedule Number:		VIN:		
Drivers License Number:				
Passenger(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, Name:				
Phone Number:				
Third Party Information				
Name:				
Phone Number:				
Vehicle Description:				
Insurance Company:				
Insurance Policy:		Drivers License Number:		
Passenger(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, Name:				
Phone Number:				
Loss Information				
Date of Loss:				
Weather Condition:				
Loss Location (Address):				
	Municipal Driver		Third Party Driver	
Estimate of damages	\$		\$	
Injuries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:				
Seat Belts Worn:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the driver under the influence of Medication, Alcohol, or Drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list:				
Police Case File Number:				
Police Report Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statement Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details or Comments:				
* Please complete as much information as possible				