

Personal Injury: <input type="checkbox"/> Y <input type="checkbox"/> N	Property Damage: <input type="checkbox"/> Y <input type="checkbox"/> N
Description of Injury: _____ _____ _____ _____ _____ _____ _____ _____	Description of Property Damage: _____ _____ _____ _____ _____ _____ _____ _____
Was first aid administered? <input type="checkbox"/> Y <input type="checkbox"/> N	Include photos of injury or damage if possible. What other action was taken? _____ _____ _____

Claimant Information: This is the person injured and/or the owner of property damaged (please obtain complete information). Inform them that MAAC or Crawford Adjusters will contact them.	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____ Email _____	Phone: _____ Email _____

Witnesses:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____ Email _____	Phone: _____ Email _____

Fax hard copy report, photo's and Diagram to MAAC HQ (905) 632-3304 As Soon As Possible
 Incidents less than \$10,000 and not involving personal injury will be handled and involved parties contacted by Crawford Adjusters Canada Inc.

Fax To: MAAC HQ (905) 632-3304

Please include credit card information for payment of your \$500 portion of the deductible if making a claim (MAAC accepts Member/Club deductible payments on a “without prejudice” basis pending completion of the investigation)

Credit Card#: _____ Expiry Date: _____

Name on card: _____ Signature: _____

Diagram of Incident (be as detailed as possible - include distances and photo's)

Member:

MAAC #:

Date Reported:

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