



Title: Mercaptan Program – Incident Reporting	Policy No.: 15-01
Section: 09	Page No.: 1 of 6 <i>E</i>

Legislation Reference:	Aon Reed Stenhouse Inc. and Federation of Alberta Gas Co-ops.
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Purpose:	To adopt the accident report kit of AON Reed Stenhouse Inc. who insure the Mercaptan Program Equipment for the Federation of Gas Co-ops which Smoky Lake County is a member of and does deliver the Mercaptan Program.
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Policy Statement and Guidelines:

1. OBJECTIVE:

1.1 To identify a good structure for reporting incidents and proper documentation and procedure for reporting a claim as required by the Federation of Alberta Gas Co-ops Ltd. Insurance Program and to be consistent with County Risk Management Program in delivering the Mercaptan Program.

2. REPORTING A CLAIM:

2.1 In the event of any incident, contact:
MARILYN MCDUGALL or DAVE POHL
New West Adjusters Ltd.
 10366 – 172 Street
 Edmonton, Alberta T5S 1G9
 Telephone: (780) 483-3481 or Fax: (780) 483-2232
 E-mail: marilyn@nwadj.ca or dave@nwadj.ca

2.2 What to do in the event of a Claim:

- Do not admit liability.
- If someone is injured or might be injured, call an ambulance and if you are able to – administer first aid.
- Do not offer compensation to a claimant.
- As soon as practical, contact Marilyn or Dave to report the incident and they will have the claim reported and a control adjuster will be assigned.
- Fill-in **Schedule “A”: Notice of Loss – Auto Accident Report Form.** You will need to record the following types of information: claimant’s name, address, phone number, their insurance company name and policy number.

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<p>Policy Statement and Guidelines:</p> <ul style="list-style-type: none"> ■ Write down the names, addresses and phone numbers of all witnesses to the incident including any staff or bystanders. ■ Minimize or prevent further losses or destruction to damaged property, without jeopardizing personal safety. ■ Make notes about the incident as soon as you can after it occurs by completing Schedule “B”: Corrective/Preventive Action Report Form. Record details such as time of day, weather conditions, and any other details, regardless of how trivial they may seem. ■ If you receive correspondence from a claimant, do not respond. Forward all such correspondence directly to Marilyn or Dave and they will then forward to the adjusters. <p style="text-align: center;">NOTE: “Notice of Loss – Automobile Accident Form” should be kept in each vehicle, as they are a handy tool for gathering pertinent information in the event of an accident.</p>
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	Date	Resolution Number
Approved	October 21, 2008	# 071-08 - Page # 17
Amended		
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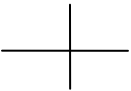



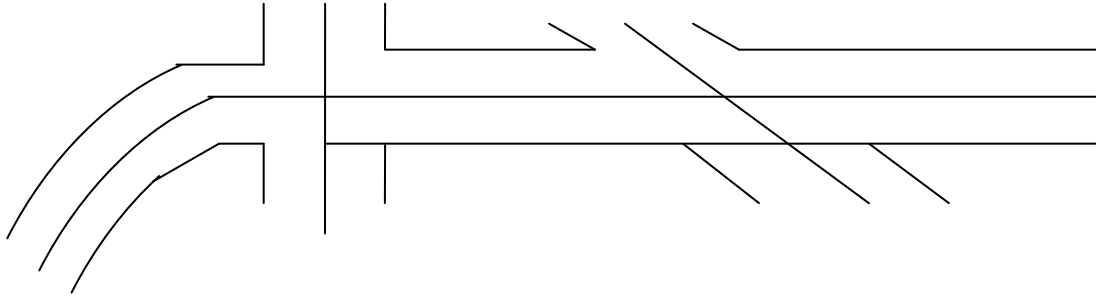
SCHEDULE "A"



NOTICE OF LOSS – AUTOMOBILE ACCIDENT

As per the Federation of Alberta Gas Co-ops Ltd. – Insurance Program

Name of Gas Co-op:		Claim #:
Manager:		Phone #:
TIME AND PLACE OF ACCIDENT		
Date of Accident:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Location (street, city, province):		
Name of Police Force:		Police File #:
VEHICLE		
Year/Make/Model:	Serial #	Purpose vehicle used for at the time of the accident?
Plate #:	Province:	Mileage:
Lienholder/Leasor:		
Does insured own vehicle?		Is it licensed in Insured's name?
Area Damaged	Damaged Estimate: \$	Where may vehicle be inspected?
DRIVER INFORMATION		
Name of Driver:		Age:
Address:		Phone #:
Driver's License #:		Years Experience:
Was permission to drive granted?		Has Driver had previous accidents?
What is relationship of Driver and Insured?		Had Driver been drinking?
DAMAGE TO PROPERTY OF OTHERS		
Type of Property and its Damage:		Damage Estimate: \$
If Vehicle, Year/Make/Model/Serial #		Plate #/ Driver's License #:
Owner's Name:	Address:	Phone #:
Driver's Name:	Address:	Phone #:
Is the Vehicle Insured?	Name of Insurance Company:	Phone #:
Where may auto be inspected?		
PLEASE FAX COMPLETED FORM TO NEW WEST ADJUSTERS (780) 483-2232		

PASSENGERS' AND OTHER WITNESSES' NAMES AND ADDRESSES				
Name	Address	Phone #	State if Occupants of;	
			Your Vehicle	Other Vehicle
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
ACCIDENT INFORMATION				
Condition of road:		Type of Surface:		Weather:
Have you received any intimation of claim?		Was Driver of other vehicle under influence of Alcohol? Drugs?		
Did Driver of other vehicle make any statement bearing on the accident?				
INSURED'S VEHICLE		OTHER VEHICLE		
Direction Travelling:		Direction Travelling:		
Which side of road:		Which side of road:		
SPEED: before accident: km/hr		SPEED: before accident: km/hr		
at instance of accident: km/hr		at instance of accident: km/hr		
Headlights: (On, Off, Dim or Brights)		Headlights: (On, Off, Dim or Brights)		
Warning:		Warning:		
<p>SHOW HOW ACCIDENT OCCURRED BY USING THIS DIAGRAM</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Indicate points of Compass N.E.S.W.</p> </div> <div style="text-align: center;"> <p>SHOW VEHICLES AS INDICATED</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;"> <p>You</p>  </div> <div style="text-align: center;"> <p>Other</p>   </div> </div> </div> <div style="text-align: center;">  </div> </div>				

PLEASE FAX COMPLETED FORM TO NEW WEST ADJUSTERS (780) 483-2232

GIVE STREET NAMES, DIRECTIONS, TRAFFIC SIGNS AND LOCATIONS OF OBJECTS INVOLVED

[Empty space for providing street names, directions, traffic signs, and locations of objects involved.]

DRIVER'S DESCRIPTION OF ACCIDENT

[Empty space for driver's description of accident.]

DATE COMPLETED

20__

SIGNATURE OF DRIVER:

PLEASE FAX COMPLETED FORM TO NEW WEST ADJUSTERS (780) 483-2232



SCHEDULE "B"



CORRECTIVE/PREVENTIVE ACTION REPORT

As per the *Federation of Alberta Gas Co-ops Ltd. – Insurance Program*

Co-ops Member's Name: _____

Manager's Name: _____ Phone Number: _____

Problem Description: (please use more paper if required)

*Employee/Manager's Signature: _____ Date of Incident/Loss: _____
(*Employee/Manager – person most closely related to the incident)

Assigned to: _____

Root Cause(s) and Recommendations: (please use more paper if required)

Employee/Manager's Signature: _____ Date: _____
(*Employee/Manager – person most closely related to the incident)

Implementation / Monitoring of Action: (please use more paper if required)

Manager's Signature: _____ Date: _____

