

PHYSICAL INSTALLATION DAMAGE REPORT
Building or other parish property
(Confidential once completed)

IMPORTANT NOTICE

Our insurance company requires us to immediately declare all incidents which incur damage to one of our buildings or other parish properties. Non compliance with this requirement in a timely fashion may result in loss of certain insurance protection clauses.

Name of Parish : _____

Report Date : _____

INFORMATION ON THE PERSON COMPLETING THE FORM

Name : _____

Position (if applicable) : _____ Location : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

Telephone number(s) : _____

INCIDENT REPORT

(NOTE : If possible, IMMEDIATELY take a photograph of the damaged area)

Date of incident : _____ Time of incident : _____ AM / PM

Location of incident : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Exterior of the church | <input type="checkbox"/> Interior of the Church | <input type="checkbox"/> Exterior of the rectory |
| <input type="checkbox"/> Interior of the rectory | <input type="checkbox"/> Exterior of the Parish Hall | <input type="checkbox"/> Interior of the Parish Hall |
| <input type="checkbox"/> Parking lot | <input type="checkbox"/> The cemetery | <input type="checkbox"/> The Parish Vault |
| <input type="checkbox"/> Other : _____ | | |

Temperature/Weather Conditions (When applicable) :

- Below -1° C
 0° to 10° C
 Over 10° C
 Rain
 Snow
 Wind
 Other _____

Summarize the nature of the damages :

Summary (cont.) :

Was anyone injured?

Yes (If yes, complete the Injured Parties Statement below) No

INJURED PARTIES STATEMENT If someone was injured, then please provide the following information.

(NOTE : If more than one person was injured in the incident, then please attach additional particulars to this report following the format below.)

Injured party's name (child/youth/adult): _____ Sex : M F

Age (If child/youth): _____ Date of birth (MM/DD/YY) : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

Telephone number(s) : _____

Parent/Guardian – Advised Yes No

If yes, indicate the time and date of notification : _____

Parent/Guardian's Name (When applicable) : _____

Address (If different) : _____

Telephone number(s) (If different) : _____

Description of injury and part of body affected : _____

Please give a brief summary of the nature of the incident and any actions taken to remedy or resolve the situation :

Follow-up Required – This section must be completed :

- Did the claimant request Follow-up? Yes No
- Did the claimant discuss or request compensation, payment of bills, prescription or other costs? Yes No
- Did the claimant suffer any property damage?
(For example : broken glasses, etc.) Yes No

Medical Assistance Provided

- Yes (Explain) _____
- _____
- No (Explain) _____
- _____

Destination :

- Hospital Own Doctor Home
- Other _____

Transport :

- Own vehicle Ambulance
- Other _____

WITNESS' INFORMATION

- Was the incident witnessed by anyone? Yes No
- (NOTE : If more than one person was injured in the incident, then please attach additional particulars to this report following the format below.)*

Witness' Name : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

I certify that the information provided is accurate to the best of my knowledge.

Signature of Person Completing the Form : _____

Date : _____

Please retain a copy of this form for your records.

Please fax the completed form as soon as possible to (506) 546-1423 and forward the original form by mail to :
Diocese of Bathurst – Financial Administration
 P.O. Box 460, Bathurst, NB E2A 3Z4

All criminal activity (break and entery, vandalism, etc.) must be IMMEDIATELY reported by telephone to the police as well as the Diocese.