COASTAL COMMUNITY
INSURANCE SERVICES (2007) LTD.
Comox Commercial Branch
305-1797 Comox Avenue, Comox BC V9M 3L9
Phone: (250) 703-4232 Fax: (250) 703-4252
Email: melanie.davies@cccu.ca

INCIDENT REPORT / CLAIM FORM

Date Reported:_____ Date of incident/claim:_____

Named Insured:_____

Facility Address:_____

Provider Name:_____ Phone:_____

Mailing Address:_____

Parent/Guardian Contact:_____

Phone:_____ Other:_____

Details of Incident/Claim: (please provide complete details including names and phone numbers of parties involved)

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Continue over if you run out of space, or include extra sheets as needed.

For Licensed Facilities
Please include a copy of your incident report you are required to provide to licensing.

Important Notice
A FULL report of an incident must be sent to Coastal Community Insurance Services immediately. Report of the incident can also be sent to Pacific***CARE*** at insurance@pacific-care.bc.ca or faxed to (250) 756-2021 who will forward to CCIS.