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| **THE CITY OF WINNIPEG****FIRST PARTY PROPERTY DAMAGE, THEFT OR LOSS REPORT (Other than Vehicles)****(Vehicle Damage to be Reported on Vehicle Accident Report)** |
| **Department/Division**Click here to enter text.      | **Branch**Click here to enter text.      |
| **Date of Occurrence**Click here to enter text. | **Time** Click here to enter text.a.m. |
| **Location Name**Click here to enter text. | **Location Address**Click here to enter text. |
| **Exact Location of Occurrence:**Click here to enter text. |
| **Cause of Loss**Select from List | **Classification of Damage**Select from List |
| **Other (Please Specify)**Click here to enter text. |
| **Outline the exact detailed description of occurrence and damages**Click here to enter text. |
| **Was Occurrence Reported to Police/Fire**Yes | **Date Reported**Click here to enter text. | **Time Reported**Click here to enter text. a.m. | **Police/Fire #**Click here to enter text. |
| **Who Reported Damage?**Click here to enter text. | **Phone #**Click here to enter text. | **Time Reported**Click here to enter text.a.m. |
| **Was Supervisor Notified?**Yes | **If, no, reason not reported**Click here to enter text. |
| **Name of Supervisor Occurrence was reported to**Click here to enter text. | **Phone Number**Click here to enter text. |
| **Estimated Cost of Repairing Damage**Click here to enter text. |
| ***PERSON OR PERSONS RESPONSIBLE FOR OCCURRENCE AND WITNESSES, IF KNOWN*** |
| **Name**Click here to enter text. | **Address**Click here to enter text. | **Phone**Click here to enter text. |
| **Name**Click here to enter text. | **Address**Click here to enter text. | **Phone**Click here to enter text. |
| **Witness Name**Click here to enter text. | **Witness Address**Click here to enter text. | **Witness Phone**Click here to enter text. |
| **Witness Name**Click here to enter text. | **Witness Address**Click here to enter text. | **Witness Phone**Click here to enter text. |
| ***STAFF ON DUTY AT THE TIME OF THE OCCURRENCE, IF KNOWN:*** |
| **Name**Click here to enter text. | **Position**Click here to enter text. | **Phone** Click here to enter text. | **Date**Click here to enter text. |
| **REPORT COMPLETED BY** |
| **Name**Click here to enter text. | **Position**Click here to enter text. | **Phone**Click here to enter text. |
| **Checked and Approved****Name & Title**  Click here to enter text. **Date:** Click here to enter text. |
| ***RECOVERY ACCOUNT NO’S*** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Please phone the Claims Branch at 204-986-2828 within 24 hours of the occurrence and complete the First Party Property Damage Report and email it to*** ***claims@winnipeg.ca*** ***within 7 days.******Unless otherwise agreed to by the City Claims Branch, it is the responsibility of the reporting branch to repair and /or replace the damaged property and to send copies of the paid invoices or final repair accounts, showing Account Numbers*** |