



HEALTH CARE PROTECTION PROGRAM

NEW CLAIM REPORT – PROPERTY / BOILER & MACHINERY / CRIME

Loss Location	Health Care Agency: _____ Facility Name: _____ Building Name: _____ Address: _____
Loss Summary	Date: _____ Type: <input type="checkbox"/> Water <input type="checkbox"/> Fire <input type="checkbox"/> Other How Loss Occurred: _____ _____ _____
Building Damage	Building Is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> P3 <input type="checkbox"/> Other Owner's Name: _____ Description of Damage: _____ _____ _____ Estimated Damage: \$ _____ Contact Name: _____ Phone: _____ Email: _____
Equipment & Other Property Damage	Property is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> P3 <input type="checkbox"/> Other Owner's Name: _____ Description of Damage: _____ _____ _____ Estimated Damage: \$ _____ Contact Name: _____ Phone: _____ Email: _____
Actions	Steps Taken to Mitigate Damage: _____ _____ _____ Other Comments: _____ _____ Police/Fire Case # _____
Submitted By	Name: _____ Phone: _____ Email: _____

Submit this form to RMBClaims@gov.bc.ca or by fax at (250) 356.0661

REPORT MAJOR LOSSES BY TELEPHONE (24/7): (250) 356.1794