

## **Vehicle Fire and Accident Claim Form**

To fill out the form, you must download and open it in Adobe Acrobat Reader

1. Contact information							
Contact name				[	Date	Phone	
Email				ı	Municipality		
Street address				ŀ	Payee number		
2. Incident information  Invoice number			Date of incident	Pol	ice file number		
mvoice number				Date of incident	1 01	ice me number	
If the police attended, please provide the officer's name and detachment.							
Type of incident  O Extrication  OVehicle fire  Other:							
Location of incident							
	0.11				-		
Times Call rece			m.	· · · · · · · · · · · · · · · · · · ·		ı.m.	
	Leaving s	<del></del>	m.	Return to station:			
3. Description of incident  Work performed Start time		End time		Service perfe	ormed		
Extrication		○ a.m. ○ p.m.	○ a.m. ○ p.m.		000000		
Fire figh	nting	○ a.m. ○ p.m.	○ a.m. ○ p.m.				
		○ a.m. ○ p.m.	○ a.m. ○ p.m.				
		○ a.m. ○ p.m.	○ a.m. ○ p.m.				
		○ a.m. ○ p.m.	○ a.m. ○ p.m.				
Other (provide details):							
4. Vehicle information							
Vehicle			Vehicle make/model		cence plate number	Province/state	
1							
2							
2							
2 3 4	im amou	<b>Int</b> (Total time x rate = total	claim for service)				
2 3 4		Int (Total time x rate = total Total time		Rate	= T	otal claim for service	
2 3 4							

Additional documentation to support your invoice can be attached to the email after you click Submit (e.g., clear event document, equipment invoices, etc.).

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