



Global Affairs Canada

Insurance Claim – How to Guide



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About Crawford & Company (Canada) Inc.

About Crawford & Company (Canada) Inc. Based in Atlanta, Georgia, Crawford & Company is the world's largest independent provider of claims management solutions to the risk management and insurance industry as well as self-insured entities, with an expansive global network serving clients in more than 70 countries.

Vision

To be the world's leading provider of claim services, business process outsourcing and consulting solutions. We will inspire our organization to develop world-class technology and innovative solutions to clients; to employ the best and brightest people; and to deliver a strong financial performance.

How to Contact Us

Hours of Operation

Monday – Friday 9:00am – 9:00pm Eastern Time

Direct Phone: 226-772-8195 Toll Free: 1-855-823-0658

Email: ccas@crowco.ca

www.cfscs.ca

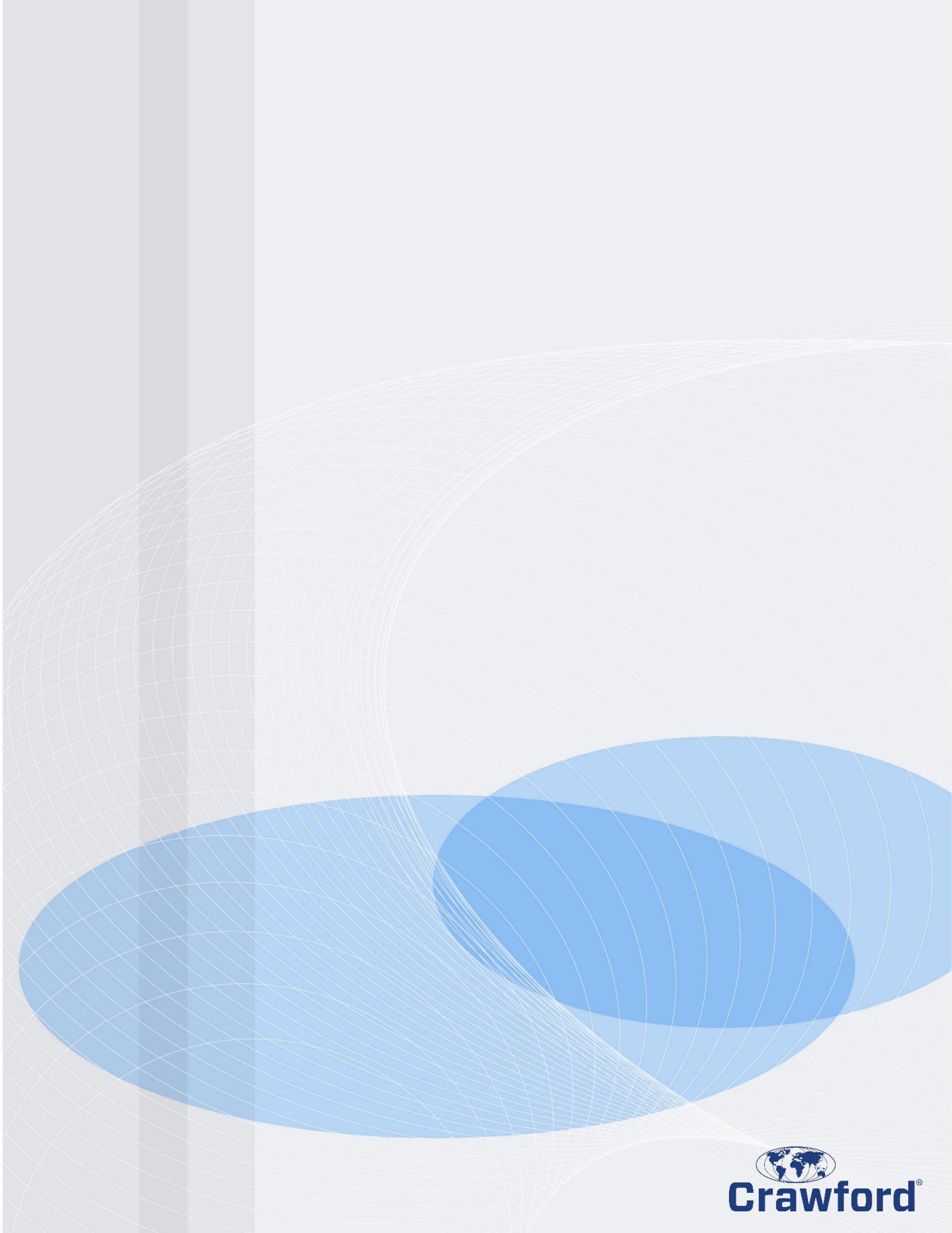
Voicemail and email enquires will be responded to within 24 business hours.

The Claims Process

In the event of a loss or damaged items:

- Employees must file a Notice of Intent to claim with the last carrier and Crawford & Company (Canada) Inc. within 30 days of delivery date.
- Within 5 days of receipt of the Notice of Intent to Claim, Crawford will provide the required claim forms and information.
- Within 60 days of submission of the Notice of Intent to Claim, employees must submit the completed claim form and required paperwork to Crawford.
- Crawford will review the completed claim form within 5 days of receipt and will contact you if any information is missing.
- Crawford will process the completed claim form usually within 10 business days; if necessary we will contact you to arrange an appointment with a claim appraiser.

Claim Status updates are available by email at ccas@crowco.ca.



Crawford[®]

Claim Form



Part 1: Claimant's Contact Information

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City/Town: _____ Cell Phone: _____

Postal Code/Zip _____ Fax: _____

Country: _____ Email: _____

Mission: _____ Client Number _____

Employing Department/Agency/Organization: _____

Name Of Moving Company _____ Carrier Ref# _____

Date Of Pickup _____ Date Of Delivery _____

Shipment Origin Address _____

Delivery Address (if different than claimant's address) _____

Please indicate which documents you are including with your claim. All supporting documentation should accompany your claims package.

- Itemized inventory (mandatory)
- Bill of lading (mandatory)
- Photographs of the damage
- Appraisal documentation (if applicable)
- Original purchase receipts (if available)
- Correspondence between carrier regarding damage
- Official incident report (police, fire, port authority, etc.) (if applicable)

Part 3: Declaration

I acknowledge that I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this claim form and any attached documents are true and correct to the best of my knowledge and belief and **constitutes my complete and entire claim**. No material information has been withheld.

I hereby assign and transfer to Crawford and Company (Canada) Inc. any and all claims and recoveries arising out of the shipment of my household effects.

All currency references are in Canadian funds.

Signature _____ Date _____

Attach all supporting documentation with this Claim Form and mail to:

Crawford & Company (Canada) Inc.
 2300 University Avenue East, Suite 200, Waterloo, ON N2K 0A2 Canada
 Website: www.cfscs.ca
 Email address: ccas@crowco.ca
 Telephone: (226)772-8195 or Toll Free 1-855-823-0658
 Fax: 1-519-578-2868

Crawford's Privacy Statement:

- Employee/Member or Representative, personal information is collected, used, and retained by the Claims Administrator in compliance with the Personal Information Protection and Electronics Documents Act S.C. 2000, c.5 (PIPEDA):
- For the purpose of operating and administering your claim,
- Is strictly private and confidential and will not be disclosed without the express written consent of the Employee/Member, Employee/Member's Representative or Legal Representative.