



**Part 3: Declaration**

I hereby certify that all information I have provided on this form is true to the best of my knowledge and belief. I acknowledge that any false claims may result in my entire claim being denied, in which case there would be no compensation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form and all supporting documentation that will assist Crawford in evaluating and finalizing your claim must be submitted to the following address.**

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.