



Complete and print, then submit this HIROC Claim Reporting Form **plus** all claims correspondence, including legal documents to:

Via Fax: **(416) 733-2438** or e-mail: **newclaims@hiroc.com**

If this matter is urgent or must be reported outside business hours (8:30AM-4:30PM), contact Sedgwick Canada Inc. at 1-844-544-4762

## Practice Group Claim Reporting Form

Name of Subscriber:

Subscriber Address:

Name of Site/Campus/Building where the Incident/Occurrence took place:

Address where Incident/Occurrence took place:

### Contact Person for this Claim

Name:

Tel:

E-mail:

### Incident/Occurrence Details

Date of Incident/Occurrence:

Date Claim Reported to HIROC:

Name of Patient/Claimant:

Patient/Claimant Date of Birth:

Date Statement of Claim/Notice of Action Received:

☐ Potential Claim

☐ Actual Claim

Brief Factual  
Description of Claim  
(What, how, why?)

Incident Report Enclosed ☐ Yes

Statement of Claim/Notice of Action Enclosed ☐ Yes

Other enclosures

☐ Yes, describe

HIROC contact # (toll free): 1-800-465-7357

Retain a copy of the completed form for your records.

Do not provide any information regarding this matter to any person(s) other than a representative of HIROC or adjusters or lawyers assigned to act for subscribers on behalf of HIROC

HIROC 04/2015