



REAL ESTATE INSURANCE ALLIANCE **INCIDENT/CLAIM REPORT**

This document is prepared in anticipation of litigation and to assist counsel in the defense of any claim that is the subject matter of this Incident/Claim Report.

IMPORTANT

Upon receipt of verbal or written notice of claim, or if you become aware of an incident which could result in a claim against you for an alleged error, omission or negligent act:

- 1) Give notice *immediately* to:
Denis Rivard
Centra Claims Management Inc.
600-175 Carlton St.
Winnipeg, MB R3C 3H9
Telephone: (204)318,2002, Fax (204)977-8450
E-mail: drivard@centraclaims.ca
- 2) Complete and fax this incident reporting form *immediately* to: Centra Claims Management Inc. at (204)-977-8450 attaching all relevant documents (e.g. Offer to Purchase, Listing contract, File Notes). Please retain the originals on your files.

You will be contacted by an adjuster following receipt of your reporting form.

Part One: MEMBER'S STATEMENT

Name of Member _____ Membership Number _____
Name of Firm _____
Address of Firm _____ City/Town _____ Prov. _____
Postal Code _____ Telephone(s) _____
Member of _____ Real Estate Board or Region # of Years Licensed _____
Cooperating Agent/Firm _____
Address _____ City/Town _____
Telephone _____

Part Two: PROPERTY INVOLVED

Address _____
Town/City _____ Postal Code _____
Property Type Single Family Residential Commercial/Industrial Agricultural
 Vacant Land Condominium Mobile Home
Description of Property _____

Part Three: SELLER AND BUYER

Seller:

Name _____
Address _____
City/Town _____
Telephone _____
Lawyer _____

Buyer:

Name _____
Address _____
City/Town _____
Telephone _____
Lawyer _____

Part Four: BRIEF HISTORY OF INCIDENT CLAIM

Describe your agency relationship in this transaction

- | | |
|---|---|
| <input type="checkbox"/> agent for the buyer only | <input type="checkbox"/> agent for the seller only |
| <input type="checkbox"/> agent for both the buyer and the seller | <input type="checkbox"/> my firm represents both parties to the transaction |
| <input type="checkbox"/> not representing either party to the transaction | |

Date of Agreement to Purchase _____

Date of First Knowledge of the Problem _____

How You Were Made Aware of the Problem _____

Part Five: DOCUMENTS ENCLOSED

- Correspondence _____
- Offer(s) _____
- Listing(s) _____
- Statement of Claim _____
- Other _____

