

Yukon Government, Risk Management Office, P.O. Box 2703 (W-3F), Whitehorse, Yukon, Y1A 2C6 **Email:** [risk@gov.yk.ca](mailto:risk@gov.yk.ca)

**Instructions**

Please complete this claims statement with as much detail as possible. Once complete, submit all documents to the Risk Management Office at the above mailing address or email.

When the Risk Management Office receives your claims statement, you will be contacted to confirm the receipt of your claims statement. The Risk Management Office will review the claims statement and follow-up as necessary.

Please note that the submission of your claims statement form is not an admission of liability by Yukon Government. It is only a notification of an incident for the Risk Management Office to review.

<b>A: CLAIMANT INFORMATION</b>			
Section A is to be completed by the person making the claim. All fields are required. Proceed to Section B when complete.			
First name		Last name	
Address			
City/community		Territory/province	Postal code
Primary phone #		Email	
<b>B: YUKON GOVERNMENT DRIVER/EMPLOYEE INFORMATION</b>			
If a Yukon Government employee was involved in this claim complete Section B with as much detail as possible. Proceed to Section C when complete.			
First name		Last name	Job title
Department		City/community	Work phone #
Yukon Government vehicle involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle make	Model	Color	License plate / unit#
<b>C: INCIDENT INFORMATION</b>			
To ensure accurate documentation of the events leading to a claim, complete Section C in a clear and detailed manner. All fields are required. Proceed to Section D when complete.			
Date of incident <b>YYYY/MM/DD</b>		Time of incident	
Weather and/or road conditions [ie. clear skies and icy roads]			
Location of incident. Include nearest city/community and/or highway location [ie. ~75km north of Whitehorse on the Klondike Highway]			
Describe the incident and events leading up to the incident. Attach drawings/pictures/extra pages as necessary.			

**D: CLAIMANT VEHICLE INFORMATION**

Complete Section D if your vehicle was damaged or involved in the incident. If not applicable, please skip to Section E.

What is the extent of the damage? Check the most applicable box:  Minor  Moderate  Severe  Total loss

Make

Model

Year

Registered vehicle owner

License plate

Describe what was damaged. Attach pictures if possible. Attach extra pages as necessary.

**E: NON-VEHICLE INFORMATION**

Complete Section E if there was damage to any property aside from a vehicle (ie. a fence, gate, personal equipment, etc.)  
If not applicable, please skip to Section F.

What is the extent of the damage? Check the most applicable box:  Minor  Moderate  Severe  Total loss

Describe what was damaged. Attach pictures if possible. Attach extra pages as necessary.

**F: ADDITIONAL COMMENTS**

Complete Section F if there are any additional facts or details related to the claim that may be important to an investigation. Attach extra pages as necessary. Skip if not applicable.

I certify that my statement is true to the best of my knowledge. I consent to the Yukon Government disclosing my personal information in this statement to an Independent Claims Investigator to investigate my claim. I also grant the Yukon Government and the Independent Claims Investigator permission to make further inquiries about this incident, which may include the disclosure and collection of my personal information. I understand that any future statements made regarding this claim could be disregarded if they are in conflict with this statement.

Your personal information is collected pursuant to 29(c) of the *Access to Information and Protection of Privacy Act* for the purposes of the investigation of this claim. Should you have any questions, please contact the Risk Management Office at 867-667-5710 or [risk@gov.yk.ca](mailto:risk@gov.yk.ca)

I certify that the information I have provided is true and I acknowledge the above regarding collection and use of personal information.

\_\_\_\_\_  
Name of person submitting this claim

\_\_\_\_\_  
Date