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Claim For Compensation

CLAIMANI					
NAME					
ADDRESS	CITY/TOWN	CITY/TOWN			
Commercial Fishing Licence No. (if applicable)	Commercial Trapping Licence No. (if	Commercial Trapping Licence No. (if applicable)			
DETAILS OF CLAIM					
Date & Time of Injury/Loss/Damage	Activity at time of Injury/Lo	oss/Damage			
Cause of Injury/Loss/Damage					
Commercial Fishing Licence No. (if applicable)	Commercial Trapping Licence No. (if	applicable)			
Nature of Injury					
Goods or Property Lost or Damaged					
General Description	Make	Model			
	multe	mouch			
Serial No. Year Manufactur	red Year Purchased	Purchase Price			
Location where Injury/Loss/Damage occurred (Attach Sketch	h or Map) Names Witnesses in Injury,	'Loss/Damage			
Is the claim covered by insurance in whole c	or in part □Yes □No				
If yes , give particulars					



Please fax hard copy of this form to TRUST OFFICE

Nisichawayasihk Cree Nation TRUST OFFICE Nelson House, MB ROB 1A0

www.trustoffice.ca

Phone: (204)484-2604 Fax: (204)484-2588

Claim For Compensation

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s, has a claim made under the insurance poli	ICY? Yes	□No	
If yes , give particulars			

Claimant's Statement:

I believe the injury, loss or damage described above was caused by Manitoba Hydro's Project because Insert details

I hereby certify that the above information is correct.

Signature of Claimant

DAY Date

MONTH YEAR



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