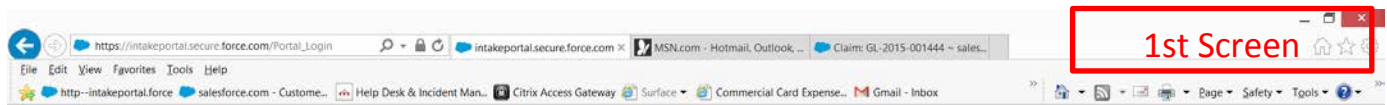


Riskconnect Helpful Hints:

1. Open Google Chrome Browser
2. Log on to <http://intakeportal.force.com>



Type **YOUR** property's accounting ID in this format:
00.00.000

2nd Screen

Your Community Director's name and property phone number goes here.

Enter a very general description of the event here.

Selecting "High" will send an auto email to Risk. Bodily Injury (to employees or others), Fire, Flood, Mold and Death **REQUIRE** Immediate Notification to Risk.

MAKE SURE – Your Location (property name) is CORRECT.

When you are done, hit save and continue.

General Incident Details

Involved Parties

Witnesses

Submit

Was a CWS employee injured?

Yes
 No

Was a resident, guest or vendor physically injured?

Yes
 No

Did a resident, guest or vendor suffer damage to their personal property OR there is no damage or injury, this is a REPORT ONLY, OR you are reporting that your GATES ARE NOT WORKING.

Yes
 No

Was property owned by CWS damaged? (buildings, gates, tools, equipment, etc)

Yes
 No

Is Resident LIABLE for Damages to CWS Property? (regardless of whether or not they have renter's insurance)

Yes
 No

Save and Continue

More than 1 can be selected.
See descriptions below.
YOU MUST SELECT AT LEAST ONE.

Employee Injury – Use this for CWS employee injuries only, including injuries sustained in a vehicle accident when driving for company business.

Auto Non-Employee Injury – NO GATE INCIDENTS. Check yes for auto accidents involving CWS employees while on the clock when there is an INJURY to a non-CWS employee. I.E., driving to the bank, auto accident that injures someone in the other car.

Auto Non-Employee Property Damage – NO GATE INCIDENTS. Check yes for auto accidents involving CWS employees while on the job when there is DAMAGE to a non-CWS employee vehicle. I.E., driving to the bank, auto accident that damages someone else’s car.

3rd Party Bodily Injury – Use this for any alleged or suspected INJURY so someone other than an employee. I.E. slip and fall, injures knee.

3rd Party Property Damage – Use this for any alleged or suspected DAMAGE to property not owned by CWS. I.E., plumbing break floods unit and damages furniture or gate closes on resident’s car.

CWS Property Damage – Use this for damage to CWS PROPERTY. I.E. Fire damages unit, car runs into our fence or building, hail damages roofs etc.

Renter’s Insurance – Check yes when there **WILL BE** or **SHOULD BE** recovery from a resident’s renters insurance. THIS IS NOT ASKING WHETHER THEY HAVE RENTER’S INSURANCE OR NOT. CHECK YES **ONLY** IF THE RESIDENT IS LIABLE FOR ANY CWS PROPERTY DAMAGE.

General Incident Details

Involved Parties

Employee Injury 1

Employee Injury

3rd Party Bodily Injury

3rd Party Bodily Injury 1

3rd Party Bodily Injury

Auto Liability Physical Damage

Auto Liability Physical Damage 1

Auto Liability Physical Damage

Auto Liability Bodily Injury

Auto Liability Bodily Injury 1

Auto Liability Bodily Injury

3rd Party Property Damage

3rd Party Property Damage 1

3rd Party Property Damage

Claimant Last Name

Claimant First Name

Claimant Address Line1

Claimant Address Line2

Claimant City

Claimant State

Claimant Postal Code

Claim Injury Description

Cause - General

Cause

Part - General

Part

Fatality Flag

Yes

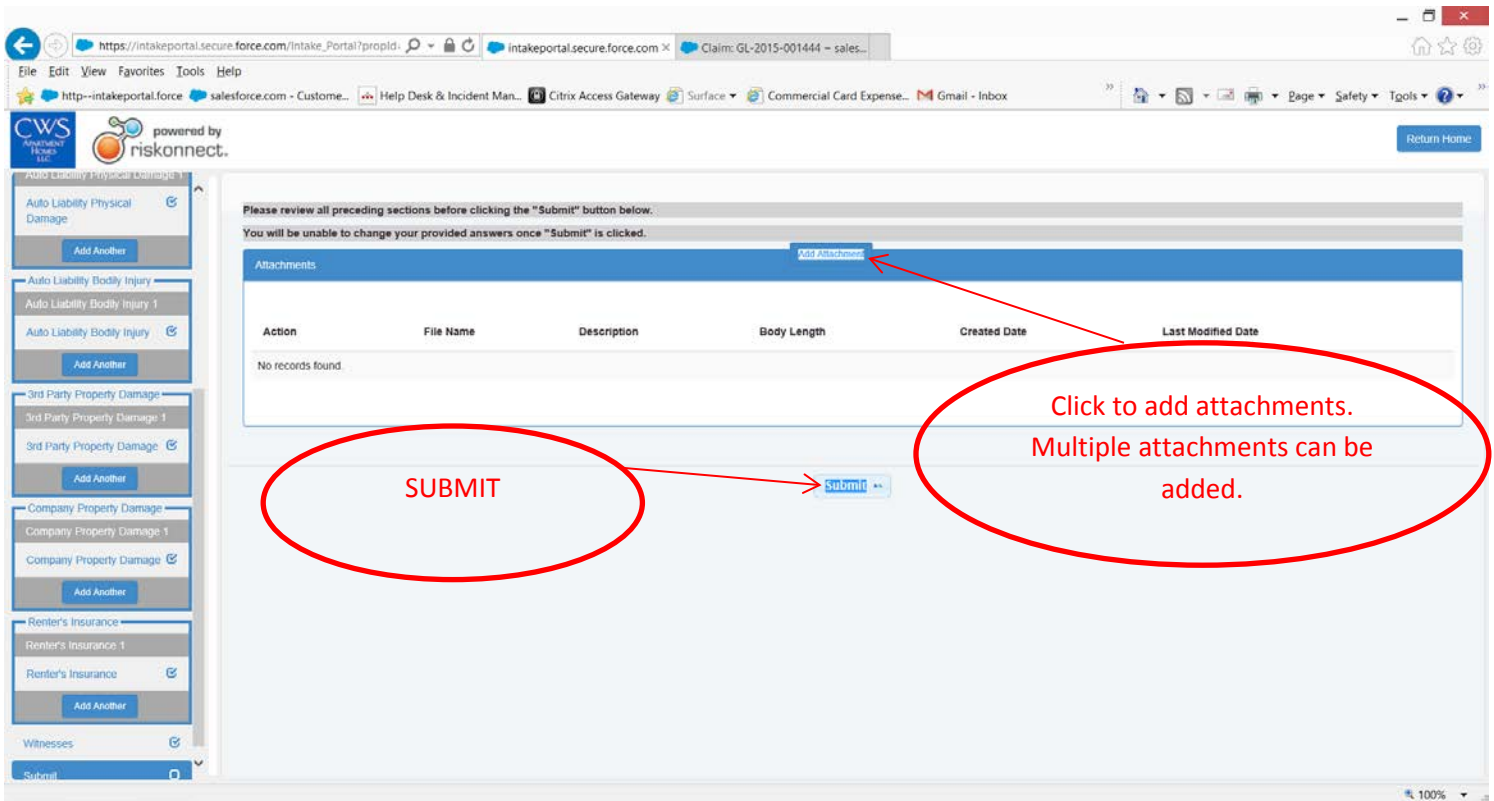
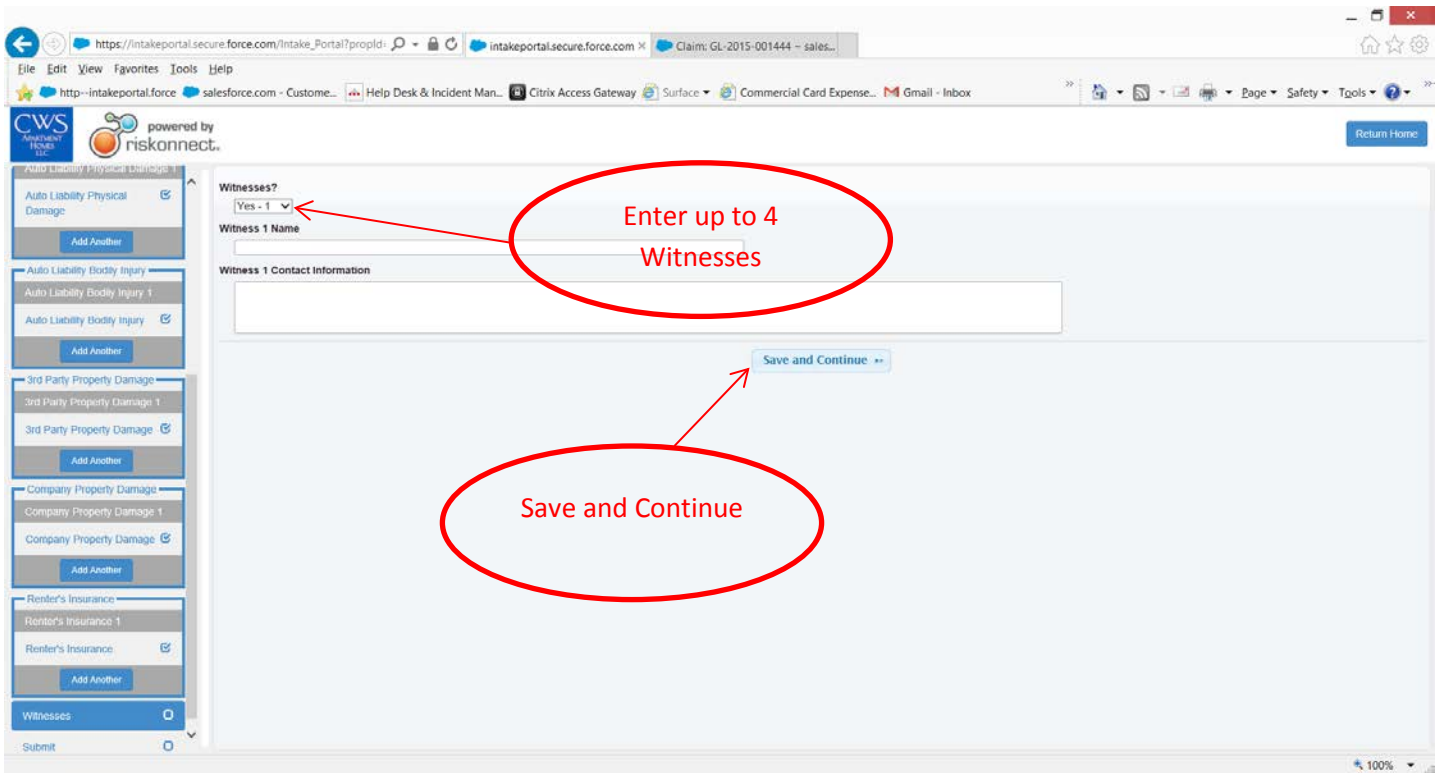
For every box you checked on the last page, you will have an opportunity to enter information specific to THAT SITUATION.

i.e., if you enter a 3rd Party Injury, the info you enter should be specific to that person who was injured. If you have damage to CWS property, the info you enter should be specific to the CWS property damage sustained.

Check if Fatality

System will highlight the section you are working in in BLUE.

CHECK MARK will appear in box when that section is complete.



Claim record WILL NOT BE CREATED if you fail to SUBMIT



Your incident has been recorded!!

Your claims are:

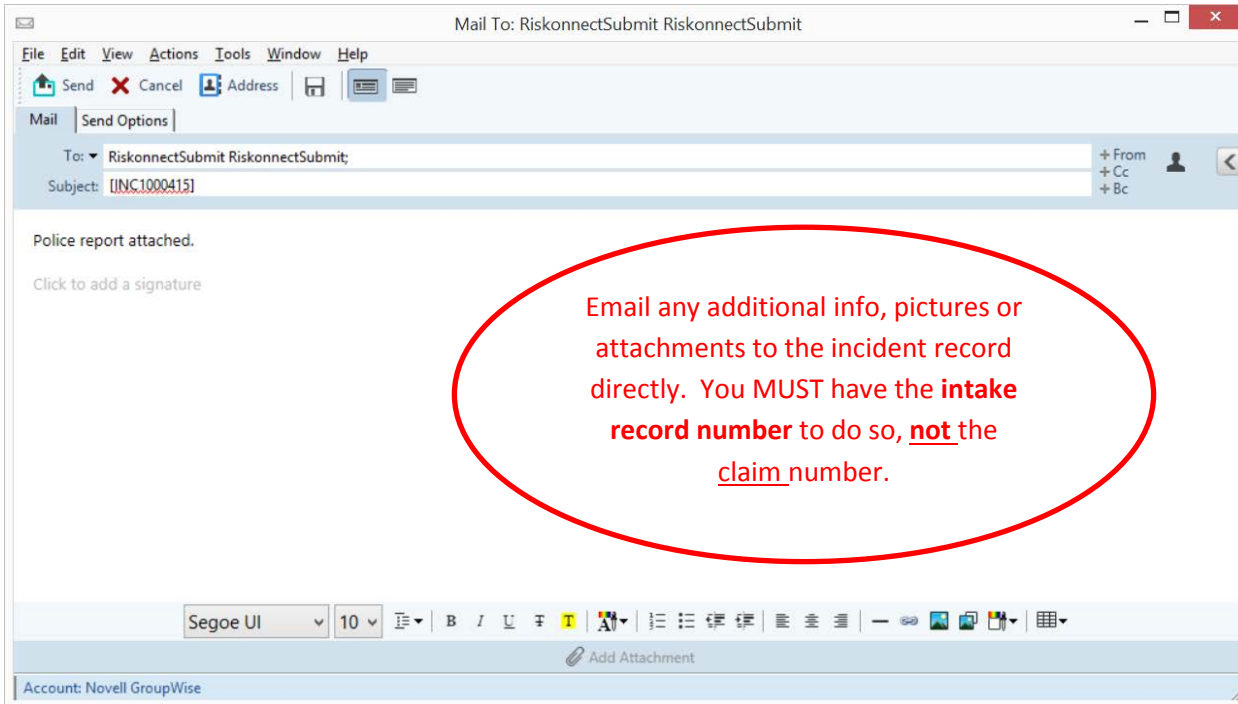
test test (GL-2016-006230)



Note this Claim Report Number into
the Resident Activity in OneSite.

[Return to Login Page](#)

Important Note: The feature below is currently not working, so please email any photos or additional documents to Sylvia at sgreene@cwsapartments.com. Please include resident's full name or the claim number that was issued to you when you submitted incident and I will update the resident file.



If you need to upload information later, you can email the information, attachment or picture to the incident record. The process is:

- a) Open email in Groupwise, type RiskonnectSubmit in the "To" box.
- b) In the subject line you will need to add the **intake number** to which you want the email assigned IN BRACKETS. For example **[IN15000414]** this will tell the system the incident record to which you wish to send the email.
- c) Include a brief description of document you are attaching, example above 'Police report attached'.
- d) Send.
- e) If you do not have the **Intake number**, please email information to Sylvia Greene and it will be uploaded to corresponding report.