

# NOTICE OF LOSS

Auto   
  Property   
  Liability   
  Other (Specify)

Insurance Company		Policy Number		Company Claim Number	
Policy Effective Date YYYY MM DD	Policy Expiry Date YYYY MM DD	Date of Loss YYYY MM DD	Time of Loss <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Kind of Loss	Previously Reported To Company
Name of Agent/Broker			Code(s)	Phone	

<b>INSURED</b>	Name			Language Spoken	
	Address			Residence Phone	Business Phone
	Postal Code			(Ext.)	
	Person To Contact	Where or When	Residence Phone	Business Phone (Ext.)	

<b>COVERAGE</b>	Type of Policy/Form Number	Coverage	Limits/Sum Insured	Deductibles	Other
	Lienholder/Mortgagee				
	Other Insurance				

<b>INSURED</b>	Year, Make, Model		V.I.N. (Serial Number)		Plate No.
	Owner's Name & Address				Phone
	Driver's Name & Address (If other than owner)			Residence Phone	Business Phone (Ext.)
	Relation to Insured	Age	Driver's Licence Number	Use of Vehicle	Where Can Vehicle Be Seen

<b>THIRD PARTY</b>	Describe Property (If Auto; Year, Make, Model, Plate No.)		Describe Damage		Company or Agent/Broker & Policy Number	
	Owner's Name & Address			Residence Phone	Business Phone (Ext.)	
	Postal Code					
	Driver's Name & Address (If other than owner)			Residence Phone	Business Phone (Ext.)	
	Postal Code					
Name & Phone Number of Adjuster				Company Claim Number		

<b>INJURED</b>	Name & Address		Phone	Ped.	Ins. Veh.	Other Veh.	Age	Extent of Injury
	Postal Code							

<b>WITNESS</b>	Name & Address		Phone	Ins. Veh.	Other Veh.	Other (Specify)
	Postal Code					

<b>LOSS ACCIDENT</b>	Location					
	Police/Fire Dept. To Whom Reported		Badge No.	Name	Division	Charges Laid
	Description of Loss/Damage					

<b>REMARKS</b>	Name of Caller	Taken By	Date YYYY MM DD	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Agent/Broker/Company Use
	Reported To	Reported By	Date YYYY MM DD	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	Adjuster	Phone Number	Adjuster's Claim Number		