

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	

INSURED

Name			Language Spoken		
Address		Residence Phone	Business Phone		
Postal Code			(Ext.)		
Person To Contact		Where or When	Residence Phone	Business Phone	
			(Ext.)		

COVERAGE

Type of Policy/Form Number	Coverage	Limits/Sum Insured	Deductibles	Other
Lienholder/Mortgagee				
Other Insurance				

INSURED

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	Used With Permission <input type="checkbox"/> No <input type="checkbox"/> Yes
					Is Car Driveable <input type="checkbox"/> No <input type="checkbox"/> Yes

THIRD PARTY

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

INJURED

Name & Address		Phone	Ped.	Ins. Veh.	Other Veh.	Age	Extent of Injury
		Postal Code					

WITNESS

Name & Address		Phone	Ins. Veh.	Other Veh.	Other (Specify)
		Postal Code			

LOSS ACCIDENT

Location					
Police/Fire Dept. To Whom Reported		Badge No.	Name	Division	Charges Laid
Description of Loss/Damage					

REMARKS

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		