

NOTICE OF LOSS										<input type="checkbox"/> Auto		<input type="checkbox"/> Property		<input type="checkbox"/> Liability		<input type="checkbox"/> Other (Specify)										
Insurance Company										Policy Number					Company Claim Number											
Policy Effective Date YYYYMMDD				Policy Expiry Date YYYYMMDD				Date of Loss YYYYMMDD		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.)															
COVERED	Person To Contact										Where or When					Residence Phone					Business Phone					
	(Ext.)																									
COVERAGE	Type of Policy/Form Number					Coverage					Limits/Sum Insured					Deductibles					Other					
INSURED	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					
THIRDPARTY	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							
	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										
THIRDPARTY	Postal Code																									
	Driver's Name & Address (If other than owner)										Residence Phone					Business Phone										
	Postal Code																									
THIRDPARTY	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																										
REMARKS	Name of Caller					Taken By					Date YYYYMMDD		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Agent/Broker/Company Use											
	Reported To					Reported By					Date YYYYMMDD		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.													
	Adjuster					Phone Number					Adjuster's Claim Number															