



# AUTOMOBILE LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY

BROKER REFERENCE NUMBER

CATASTROPHE NUMBER

POLICY NUMBER

**1. INSURED'S FULL NAME AND POSTAL ADDRESS****2. BROKER'S NAME AND POSTAL ADDRESS**

CONTACT NUMBER HOME CELL BUSINESS FAX POSTAL CODE

CONTACT NUMBER HOME CELL BUSINESS FAX POSTAL CODE

PREFERRED LANGUAGE  ENGLISH  FRENCH

BROKER CONTRACT NUMBER BROKER SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

**3. ALTERNATE CONTACT INFORMATION**

RELATIONSHIP TO INSURED

CONTACT NUMBER HOME CELL BUSINESS FAX POSTAL CODE

CONTACT NUMBER HOME CELL BUSINESS FAX

**4. POLICY PERIOD**EFFECTIVE DATE TIME A.M.  P.M.  EXPIRY DATE AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.**5. VEHICLE INFORMATION**

VEH. NO. YEAR MAKE MODEL VIN PLATE NUMBER PROV.

WHERE CAN VEHICLE BE SEEN? WHEN CAN VEHICLE BE SEEN? TIME  A.M.  P.M.**6. COVERAGE INFORMATION**

LIABILITY LIMITS	ACCIDENT BENEFITS	ALL PERILS		COLLISION	COMPREHENSIVE		SPECIFIED PERILS
\$		DED. \$		DED. \$	DED. \$		DED. \$
SEF / OPCF / QEF # ENDORSEMENTS	LIMIT 1	LIMIT 2	DEDUCTIBLE	SEF / OPCF / QEF # ENDORSEMENTS	LIMIT 1	LIMIT 2	DEDUCTIBLE
#	\$	\$	\$	#	\$	\$	\$
#	\$	\$	\$	#	\$	\$	\$
#	\$	\$	\$	#	\$	\$	\$
#	\$	\$	\$	#	\$	\$	\$
#	\$	\$	\$	#	\$	\$	\$

OTHER

**7. DRIVER INFORMATION**

DRIVER NO. \_\_\_\_\_

DRIV. LIC. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO INSURED \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT NUMBER HOME CELL BUSINESS FAX PURPOSE OF USE USED WITH PERMISSION?  YES  NO

EMAIL ADDRESS PREFERRED LANGUAGE  ENGLISH  FRENCH

**8. ADDITIONAL INTERESTS**

NAME AND ADDRESS NATURE OF INTEREST

**9. DETAILS OF LOSS**DATE TIME  A.M.  P.M. DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTIONLOSS TYPE AREA OF DAMAGE REPAIR ESTIMATE \$ DRIVABLE?  YES  NO

DESCRIPTION OF LOSS AND DAMAGE



# AUTOMOBILE LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY	BROKER REFERENCE NUMBER	CATASTROPHE NUMBER	POLICY NUMBER
-------------------	-------------------------	--------------------	---------------

**10. AUTHORITY REPORT INFORMATION**

<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> OTHER
MUNICIPALITY/CITY	MUNICIPALITY/CITY	MUNICIPALITY/CITY
DIVISION NUMBER	STATION NUMBER	LOCATION NUMBER
OFFICER'S NAME	CONTACT NAME	CONTACT NAME
CONTACT NUMBER	CONTACT NUMBER	CONTACT NUMBER
BADGE NUMBER	BADGE NUMBER	BADGE NUMBER
DATE REPORTED	DATE REPORTED	DATE REPORTED
OCCURENCE NUMBER	REPORT NUMBER	REPORT NUMBER
CHARGES LAID	OTHER	CHARGES LAID

**11. INJURED PARTY**  NONE REPORTED **Specify Type:**  A - Insured driver  B = Insured passenger  C = Third party driver or passenger  D = Pedestrian

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	NATURE OF INJURY	POSTAL CODE	HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	-------------	--	------------------	-------------	--

**12 (A). THIRD PARTY OWNER INFORMATION**

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	POSTAL CODE
------------------------------------	-------------	--	-------------

**12 (B). THIRD PARTY VEHICLE INFORMATION**

YEAR	MAKE	MODEL	PLATE NUMBER	PROV.
INSURANCE COMPANY			POLICY NUMBER	
WHERE CAN VEHICLE BE SEEN?			WHEN CAN VEHICLE BE SEEN?	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**12 (C). THIRD PARTY DRIVER INFORMATION**  NAME AND ADDRESS SAME AS SECTION 12A

DRIV. LIC. #	DATE OF BIRTH	POSTAL CODE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	PURPOSE OF USE

**12 (D). THIRD PARTY DAMAGE INFORMATION**

AREA OF DAMAGE	REPAIR ESTIMATE \$	DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE)		

**13. WITNESS CONTACT INFORMATION**

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	POSTAL CODE
------------------------------------	-------------	--	-------------

**14. ADJUSTER ASSIGNMENT INFORMATION**

CONTACT NUMBER HOME BUSINESS	CELL FAX	EMAIL ADDRESS
REPORTED BY	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
REPORTED TO COMPANY BY	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.