



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						
				POSTAL CODE							
				POSTAL CODE							
CONTACT NUMBER HOME		CELL		CONTACT NUMBER HOME		CELL					
BUSINESS		FAX		BUSINESS		FAX					
PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> 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						
					BUSINESS						
					CELL FAX						
					POSTAL CODE						
4. POLICY PERIOD											
EFFECTIVE DATE		TIME		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		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 <input type="checkbox"/> A.M. <input type="checkbox"/> 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.										POSTAL CODE	
DRIV. LIC. #					DATE OF BIRTH		RELATIONSHIP TO INSURED				
CONTACT NUMBER HOME		CELL		CONTACT NUMBER BUSINESS		FAX		PURPOSE OF USE		USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS					PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
8. ADDITIONAL INTERESTS											
NAME AND ADDRESS									NATURE OF INTEREST		
9. DETAILS OF LOSS											
DATE		DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION									
TIME		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
LOSS TYPE		AREA OF DAMAGE			REPAIR ESTIMATE \$		DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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 REPORTEDSpecify 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 A.M. 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 _____ A.M. P.M.REPORTED TO COMPANY BY _____ DATE _____ TIME _____ A.M. P.M.