

# NOTICE OF LOSS

Auto   
  Property   
  Liability   
  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	

<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>VEHICLE</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.)		

<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 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		