



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 BUSINESS CELL FAX POSTAL CODE

CONTACT NUMBER HOME BUSINESS CELL 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 BUSINESS CELL FAX POSTAL CODE

CONTACT NUMBER HOME BUSINESS CELL FAX

4. POLICY PERIODEFFECTIVE 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 BUSINESS CELL 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 LOSSDATE 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



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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
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12 (A). THIRD PARTY OWNER INFORMATION

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	POSTAL CODE
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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
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14. ADJUSTER ASSIGNMENT INFORMATION

CONTACT NUMBER HOME BUSINESS	CELL FAX	EMAIL ADDRESS
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REPORTED BY _____ DATE _____ TIME _____ A.M. P.M.REPORTED TO COMPANY BY _____ DATE _____ TIME _____ A.M. P.M.