



# AUTOMOBILE LOSS NOTICE

INSURER

POLICY NUMBER

REPORT DATE  
YYYY | MM | DD

BROKER CLIENT ID:

BROKER CODE:

BROKER'S PHONE NUMBER:

CATASTROPHE NUMBER:

## 1. INSURED'S FULL NAME AND POSTAL ADDRESS BROKER'S NAME AND POSTAL ADDRESS

FIRST NAME	MIDDLE NAME	LAST NAME		
			POSTAL CODE	POSTAL CODE
BUS. PHONE:	RES. PHONE:	INSURED'S PREFERRED LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER		

## 2. POLICY AND COVERAGE INFORMATION

FOR POLICY # SHOWN ABOVE	EFF. DATE: YYYY   MM   DD	EXP. DATE: YYYY   MM   DD	ENDORSEMENT, LIMITS AND DEDUCTIBLES		
LIABILITY LIMITS	ACCIDENT BENEFITS	PHYSICAL DAMAGE <input type="checkbox"/> COLL <input type="checkbox"/> AP	PHYSICAL DAMAGE <input type="checkbox"/> COMP <input type="checkbox"/> SP	# \$	# \$
\$	\$	DED. \$	DED. \$	DED. \$	DED. \$

DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THIS LOSS, INCLUDING DETAILS OF ANY OTHER APPLICABLE INSURANCE

## 3. INSURED VEHICLE AND DRIVER

YEAR	MAKE	MODEL	VIN	PLATE NUMBER:	PROV.:
AREA OF DAMAGE:	ESTIMATE \$:	DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE CAN VEHICLE BE SEEN?		
OWNER'S NAME, ADDRESS AND PHONE NUMBER IF NOT THE INSURED:			LIENHOLDER / NAME AND ADDRESS:		
DRIVER'S NAME AND ADDRESS:	BUS. PHONE:	RES. PHONE:	PURPOSE OF USE:		
	DRIV. LIC. #	PROV.:			
	REL. TO INS.:	D. O. B.: YYYY   MM   DD	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## 4. DETAILS OF LOSS

DATE: YYYY   MM   DD	LOCATION OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OF ANY APPLICABLE INTERSECTION
TIME : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
DESCRIPTION OF LOSS AND DAMAGE	<b>POLICE DEPARTMENT REPORTED TO</b>
	MUNICIPALITY
	DIVISION NUMBER
	OFFICER'S NAME
	BADGE NUMBER
	PHONE
	CHARGES LAID

## 5. INJURIES Specify type of claimant A = Insured driver B = Insured passenger C = Third party driver or passenger D = Pedestrian

TYPE:	NAME AND ADDRESS:	PHONE #:	NATURE OF INJURY:	AGE:
TYPE:	NAME AND ADDRESS:	PHONE #:	NATURE OF INJURY:	AGE:

## 6. THIRD PARTY VEHICLE AND DRIVER (Use another form if more than one vehicle is involved.)

YEAR	MAKE	MODEL	PLATE NUMBER:	PROV.:
DAMAGE:	ESTIMATE \$:	DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE CAN VEHICLE BE SEEN?	
OWNER'S NAME, ADDRESS AND PHONE NUMBER IF DIFFERENT FROM DRIVER:			INSURER: POLICY NUMBER:	
DRIVER'S NAME AND ADDRESS:	BUS. PHONE:	RES. PHONE:		
	DRIV. LIC. #	PROV.:		
DESCRIPTION OF PROPERTY DAMAGE				

## 7. CONTACTS

NAME AND ADDRESS:	RELATIONSHIP:	BUS. PHONE:	RES. PHONE:
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REMARKS:

REPORTED BY:	DATE REPORTED: YYYY   MM   DD
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