

		<h1>AUTOMOBILE LOSS NOTICE</h1>		<div>INSURER CLAIM NUMBER</div>			
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 <input type="checkbox"/> NONE REPORTED Specify Type: <input type="checkbox"/> A - Insured driver <input type="checkbox"/> B = Insured passenger <input type="checkbox"/> C = Third party driver or passenger <input type="checkbox"/> D = Pedestrian							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	NATURE OF INJURY		HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	
12 (A). THIRD PARTY OWNER INFORMATION							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
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 <input type="checkbox"/> NAME AND ADDRESS SAME AS SECTION 12A							
					POSTAL CODE		
DRIV. LIC. #		DATE OF BIRTH		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							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
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.	