

CSIO

## AUTOMOBILE LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY <b>Intact Insurance</b>		BROKER REFERENCE NUMBER <b>198742</b>		CATASTROPHE NUMBER <b>301</b>		POLICY NUMBER <b>AB945</b>	
1. INSURED'S FULL NAME AND POSTAL ADDRESS <b>Will Smith</b> <b>24 St. George Street</b> <b>Toronto, Ontario</b> POSTAL CODE <b>L4G A2C</b>				2. BROKER'S NAME AND POSTAL ADDRESS <b>Janice Miller</b> <b>18 Adelaide Street West</b> <b>Victoria, BC</b> POSTAL CODE <b>M1B 904</b>			
CONTACT NUMBER HOME <b>416-429-1873</b> BUSINESS <b>647-111-1234</b>		CELL <b>189-427-9909</b> FAX <b>147-491-1888</b>		CONTACT NUMBER HOME <b>416-491-1111</b> BUSINESS <b>647-427-4931</b>		CELL <b>647-877-1234</b> FAX <b>—</b>	
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH				BROKER CONTRACT NUMBER <b>102</b>		BROKER SUB-CONTRACT NUMBER <b>—</b>	
EMAIL ADDRESS <b>will12-@gmail.com</b>				GROUP / PROGRAM NAME <b>TEST</b>		GROUP ID <b>10204</b>	
WEBSITE ADDRESS <b>willproperties.com</b>				BROKER CLIENT ID <b>1349784</b>		COMPANY CLIENT ID <b>19732</b>	
3. ALTERNATE CONTACT INFORMATION							
<b>Bob Miller</b> <b>24 King Street West</b> <b>Toronto, ON</b> POSTAL CODE <b>A1B 1X2</b>				RELATIONSHIP TO INSURED <b>friend</b> CONTACT NUMBER HOME <b>416-499-1277</b> BUSINESS <b>647-187-1992</b> CELL <b>187-777-1289</b> FAX <b>705-417-1289</b>			
4. POLICY PERIOD							
EFFECTIVE DATE <b>08/19/2018</b>		TIME <b>12:00</b>		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>		EXPIRY DATE <b>09/20/2019</b> AT 12:01 A.M.	
ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.							
5. VEHICLE INFORMATION							
VEH. NO. <b>1</b>	YEAR <b>2017</b>	MAKE <b>Acura</b>	MODEL <b>MDX</b>	VIN <b>1234-A972-1887-1932</b>	PLATE NUMBER <b>ABCD-197</b>	PROV. <b>ON</b>	
WHERE CAN VEHICLE BE SEEN? <b>24 St. George Street</b>				WHEN CAN VEHICLE BE SEEN? <b>8/21/2018</b>		TIME <b>9:00</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
6. COVERAGE INFORMATION							
LIABILITY LIMITS \$ <b>4,000,000</b>		ACCIDENT BENEFITS <b>X W</b>		ALL PERILS DED. \$ <b>500,000</b>		COLLISION DED. \$ <b>123,000</b>	
COMPREHENSIVE DED. \$ <b>10,000,000</b>		SPECIFIED PERILS DED. \$ <b>4500</b>					
SEF / OPCF / QEF # ENDORSEMENTS # <b>1298742</b>		LIMIT 1 \$ <b>400</b>		LIMIT 2 \$ <b>1000</b>		DEDUCTIBLE \$ <b>10,000</b>	
SEF / OPCF / QEF # ENDORSEMENTS # <b>1249782</b>		LIMIT 1 \$ <b>10000</b>		LIMIT 2 \$ <b>2000</b>		DEDUCTIBLE \$ <b>3000</b>	
#		\$		\$		\$	
#		\$		\$		\$	
#		\$		\$		\$	
#		\$		\$		\$	
#		\$		\$		\$	
OTHER							
7. DRIVER INFORMATION							
DRIVER NO. <b>102</b>		<b>Will Smith</b> <b>24 St. George Street</b> <b>Toronto, Ontario</b> POSTAL CODE <b>L4G A2C</b>					
DRIV. LIC. # <b>P1234-7987-4210</b>				DATE OF BIRTH <b>08/19/1996</b>		RELATIONSHIP TO INSURED <b>—</b>	
CONTACT NUMBER HOME <b>416-429-1873</b> BUSINESS <b>647-111-1234</b>		CELL <b>189-427-9909</b> FAX <b>147-491-1888</b>		PURPOSE OF USE <b>Leisure</b>		USED WITH PERMISSION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS <b>will12-@gmail.com</b>				PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH			
8. ADDITIONAL INTERESTS							
NAME AND ADDRESS <b>John Doe</b> <b>8 Adelaide Street West</b>						NATURE OF INTEREST <b>—</b>	
9. DETAILS OF LOSS							
DATE <b>08/25/2018</b>		DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION <b>YONGE &amp; SHEPPARD NEAR Shopper's Drug Mart North York, ON</b>					
TIME <b>9:08</b>		AREA OF DAMAGE <b>Front Bumper</b>		REPAIR ESTIMATE \$ <b>4120</b>		DRIVABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF LOSS AND DAMAGE <b>Front bumper smashed, headlights broken</b>							

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## AUTOMOBILE LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY

Intact Insurance

BROKER REFERENCE NUMBER

1984-742

CATASTROPHE NUMBER

801

POLICY NUMBER

AB945

## 10. AUTHORITY REPORT INFORMATION

<input checked="" type="checkbox"/> POLICE	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> OTHER
MUNICIPALITY/CITY Toronto	MUNICIPALITY/CITY	MUNICIPALITY/CITY
DIVISION NUMBER 12947	STATION NUMBER	LOCATION NUMBER
OFFICER'S NAME Andrew Johnson	CONTACT NAME	CONTACT NAME
CONTACT NUMBER 647-888-1297	CONTACT NUMBER	CONTACT NUMBER
BADGE NUMBER 194782197	BADGE NUMBER	BADGE NUMBER
DATE REPORTED 08/25/2018	DATE REPORTED	DATE REPORTED
OCCURRENCE NUMBER 124987	REPORT NUMBER	REPORT NUMBER
CHARGES LAID NONE	OTHER	CHARGES LAID

## 11. INJURED PARTY

☐ NONE REPORTEDSpecify Type: ☒ A - Insured driver ☐ B - Insured passenger ☐ C - Third party driver or passenger ☐ D - Pedestrian

Will Smith

24 St. George Street  
Toronto, Ontario

POSTAL CODE L49A2C

CONTACT NUMBER HOME 416-429-1873 CELL 189-427-9999 BUSINESS 647-111-1234 FAX 147-491-1888	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH	NATURE OF INJURY Serious	HOSPITALIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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## 12 (A). THIRD PARTY OWNER INFORMATION

Jessica Doe

427 Stanley Street  
North York, ON

POSTAL CODE L4A9B2

CONTACT NUMBER HOME 416-872-1987 CELL 647-888-1297 BUSINESS FAX -	PREFERRED LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH
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## 12 (B). THIRD PARTY VEHICLE INFORMATION

YEAR 2009	MAKE Tesla	MODEL X	PLATE NUMBER 1298-ABC	PROV. ON
INSURANCE COMPANY Desjardins Insurance	POLICY NUMBER 1249-AB78C	WHERE CAN VEHICLE BE SEEN? 24 St. George Street		
WHEN CAN VEHICLE BE SEEN? 8/29/18			TIME 8:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.

## 12 (C). THIRD PARTY DRIVER INFORMATION

☒ NAME AND ADDRESS SAME AS SECTION 12A

DRIV. LIC. #	DATE OF BIRTH	POSTAL CODE
CONTACT NUMBER HOME BUSINESS	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
CELL FAX	PURPOSE OF USE	

## 12 (D). THIRD PARTY DAMAGE INFORMATION

AREA OF DAMAGE Back bumper	REPAIR ESTIMATE \$ 2000	DRIVABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE)		

## 13. WITNESS CONTACT INFORMATION

Johny Wang

1995 Sheppard Ave. East  
Toronto, Ontario

POSTAL CODE M1H9B7

CONTACT NUMBER HOME 416-878-9924 CELL 647-888-1927 BUSINESS FAX -	PREFERRED LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH
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## 14. ADJUSTER ASSIGNMENT INFORMATION

CONTACT NUMBER HOME BUSINESS	CELL FAX	EMAIL ADDRESS
REPORTED BY Andrew Johnson	DATE 08/25/16	TIME 7:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
REPORTED TO COMPANY BY Andrew Johnson	DATE 09/25/16	TIME 8:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.