



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

POSTAL CODE

POSTAL CODE

CONTACT NUMBER	
HOME	CELL
BUSINESS	FAX

CONTACT NUMBER	
HOME	CELL
BUSINESS	FAX

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	CELL
BUSINESS	FAX

4. POLICY PERIOD

EFFECTIVE 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.
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WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEHICLE BE SEEN?	TIME
		<input type="checkbox"/> A.M. <input type="checkbox"/> 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.	
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POSTAL CODE

DRIV. LIC. #		DATE OF BIRTH	RELATIONSHIP TO INSURED
CONTACT NUMBER		PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME			
BUSINESS	CELL FAX		

EMAIL ADDRESS _____ PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH

8. ADDITIONAL INTERESTS

NAME AND ADDRESS	NATURE OF INTEREST
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9. DETAILS OF LOSS

DATE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION
TIME		

[illegible]

DESCRIPTION OF LOSS AND DAMAGE

		<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		CELL	PREFERRED LANGUAGE	NATURE OF INJURY	HOSPITALIZED		
BUSINESS		FAX	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		<input type="checkbox"/> YES <input type="checkbox"/> NO		
12 (A). THIRD PARTY OWNER INFORMATION							
					POSTAL CODE		
CONTACT NUMBER HOME		CELL	PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		
BUSINESS		FAX					
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		CELL	PREFERRED LANGUAGE	PURPOSE OF USE			
BUSINESS		FAX	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
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		CELL	PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		
BUSINESS		FAX					
14. ADJUSTER ASSIGNMENT INFORMATION							
CONTACT NUMBER HOME		CELL	EMAIL ADDRESS				
BUSINESS		FAX					
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.		