CSIO	AUTO	MOBI	LE LO	SS NOTICE		A 2 2	M NUMBER B S	
INSURANCE COMPANY DEL	OITTE	E INSUR	LANCE	BROKER REFERENCE NUMBER C	ATASTROPHE NUME	BER POLICY NU	JMBER Z 3	
1. INSURED'S FULL NAME AND	CONTRACTOR OF THE PARTY OF THE		4 4	2. BROKER'S NAME AND POS				
JOHN SMI				JANE DOE				
8 YONGE ST.				320 KING ST.				
TORONTO, OF	TAKIO	.1.04.:00	TORONTO, ON, CA					
CONTACT NUMBER		CODE	M2M6B8	CONTACT NUMBER		CODE	FALA 64284	
HOME		547-888-	1210	CONTACT NUMBER HOME 416-882-240 BUSINESS				
BUSINESS PREFERRED LANGUAGE ENG	FAX GLISH		BROKER CONTRACT NUMBER BROKER SUB-CONTRACT NUMBER					
	n-smith	GROUP / PROGRAM NAME DELCLAIMS GROUP ID AA30						
	ohnsmit	BROKER CLIENT ID TAS 123 COMPANY CLIENT ID DEL 777						
3. ALTERNATE CONTACT INFOR	Complete magnetic transfer			J/13122	a a a	/ E / / / /		
JIM CLAIM		* 1		RELATIONSHIP TO INSURED	ATHER		#1 #1 <u>#</u> 1	
10 YONGE				CONTACT NUMBER HOME 416-369-84	120 CELL			
TORONTO, ON	TARIO	POSTAL	A9B8C7	BUSINESS	FAX			
4. POLICY PERIOD	7	1002				100		
EFFECTIVE DATE $3/1/20$	19 TIME 1	200 A.M.	EXPIRY DATE	/12/2019 AT 12:01 A.M.	ALL TIMES ARE L POSTAL ADDRES	OCAL TIMES AT 1 SS STATED HEREI	THE APPLICANT'S IN.	
5. VEHICLE INFORMATION		· 有意,注意,注意。	r, e, r, e,				PRODUCTION OF THE PROPERTY OF	
VEH. NO. YEAR MAI	LA	MODEL	18	ANCIZ ,	plate number 4BCD - 81		PROV.	
WHERE CAN VEHICLE BE SEEN?	8 ADE	ELAIDE S	, T. W	WHEN CAN VEH	ICLE BE SEEN? 4	1/2019 TIN	ИЕ 4:00 ВАМ.	
6. COVERAGE INFORMATION								
LIABILITY LIMITS	ACCIDENT BENEFITS	ALL PE		COLLISION	COMPRE		SPECIFIED PERILS	
\$ 100 000,00	A B	DED. 500.	00	\$ 1000.00	DED. 250	.00	DED. 300-CO	
SEF / OPCF / QEF # ENDORSEMENTS	LIMIT 1	LIMIT 2	DEDUCTIBLE	SEF / OPCF / QEF # ENDORSEMENTS	_	LIMIT 2	DEDUCTIBLE	
# 100248 # 132894	s 10000 s 12000	\$ 20000	\$ 500 \$ 1000	# 8847123	\$ 16000	\$ 5000	s 250	
# 432019	\$	s 50000	\$	#	\$	\$	\$	
#	\$	\$	\$	#	\$	\$	\$	
#	\$	\$	\$	#	\$	\$	<u> </u> \$	
OTHER 7. DRIVER INFORMATION								
	N SMITH	JR.						
10 ADE	LAIDE ST							
TORON	TO, ONTA	R10				POSTAL -	Z9Y8X7	
DRIV. LIC. # 8778981				DATE OF BIRTH 1/2/2000	ELATIONSHIP G	RANDS	on	
CONTACT NUMBER HOME BUSINESS	CELL FAX	бИ7-667·	-8718	PURPOSE OF USE TRANS	PORT	USED WITH PERMISSION?	YES NO	
EMAIL ADDRESS				PREFERRED LANGUAGE	NGLISH	FRENCH	,,,,,,	
8. ADDITIONAL INTERESTS								
NAME AND ADDRESS MAR	Y SMIT	r H	20	ADELATOE ST	~ W.	NA	TURE OF INTEREST	
9. DETAILS OF LOSS								
				E AND STREET NAMES OR ANY APPLIC , TORONTO, ON		ŧN		
	·		<u> </u>			2 200,404		
DAMAG	OF FRO	N1, 31	DE	ESTIM	R ATE \$ 300 00	O DRIVABL	LE? YES NO	
DESCRIPTION OF LOSS AND DAMAGE	Car in	crushe	d 2011	terde das- 1-	m off.			
Front of	car is	CLOTHE	vy right	t side door to	orr,			
	,							

csio AUTOI	MOBILE LOS	SS NOTICE		INSURER CLAIM NUMBER A2285				
INSURANCE COMPANY DELOITTE IN	SURANCE	BROKER REFERENCE NUMBE 220H	CATASTROPHE N	IUMBER POLICY NUMBER				
10. AUTHORITY REPORT INFORMATION				等。 李章 · 《诗》 《诗》 《诗》 · 《《《诗》 · 《《《》 · 《》 ·				
POLICE	FIRE DEPARTMENT		OTHER					
MUNICIPALITY/CITY TORONTO	MUNICIPALITY/CITY TORO	NTO	MUNICIPALITY/CIT	Y TORONTO				
DIVISION NUMBER ANN 12	STATION NUMBER 200		LOCATION NUMBE	ER				
OFFICER'S NAME DAVE TOHNSON	CONTACT NAME ERIC	JONES	CONTACT NAME	LUCY PAVIS				
CONTACT NUMBER 647-851-2009	CONTACT NUMBER 416		CONTACT NUMBE	CONTACT NUMBER				
BADGE NUMBER ABB 100	BADGE NUMBER BCD1			BADGE NUMBER				
DATE REPORTED 3/22/2019		5/2019	DATE REPORTED	3/20/2019				
OCCURENCE NUMBER 7001	REPORT NUMBER 88	7 201 1	REPORT NUMBER					
CHARGES LAID NONE	OTHER		CHARGES LAID					
			1					
	Specify Type: A - Insured driver	B = Insured passenger □ C =	Third party driver or pas	senger D = Pedestrias				
MARY 5M								
ZO ADELAID								
TORONTO,				POSTAL Z9Y 8X7				
CONTACT NUMBER HOME CELL 647-221-3 BUSINESS FAX	PREFERRED LANGUAGE PREFERRED LANGUAGE PREPERRED LANGUAGE	BROKEN	HIP	HOSPITALIZED WYES NO				
12 (A). THIRD PARTY OWNER INFORMATION	. Ta ta ta ta ta ta ta		. To start a					
LOUIS STAPLES				20 ADM 12 ADM 275 TO 17 ADM 27 ADM 12 ADM				
13 KING ST.								
TORONTO, ON				POSTAL AIB 306				
CONTACT NUMBER	05-444-8382							
HOME CELL SUSINESS FAX	V3 1111 2202	PREFE	RRED LANGUAGE	ENGLISH FRENCH				
12 (B). THIRD PARTY VEHICLE INFORMATION		a la la la						
YEAR 2002 MAKE SUBARY MODEL	カルナクトハン	DIATE	NUMBER ANCO-1	20 PROV. ON				
		PLAIE						
INSURANCE COMPANY DESJARDIN	15	POLICY	NUMBER 120	DOANX				
WHERE CAN VEHICLE BE SEEN? 13 KINC	1 ST.	WHEN CAN	I VEHICLE BE SEEN?	1/2/2019 TIME 3:00 DAM				
12 (C). THIRD PARTY DRIVER INFORMATION NAME AND ADDRESS SAME AS SECTION 12A								
NANCY STAPLES								
13 KING ST				· · · · · · · · · · · · · · · · · · ·				
TORONTO, ON	ITAPIO, CA			POSTAL AIB 306				
DRIV. LIC. # 6400048C		DATE OF BIRTH 11/12/	1999	USED WITH PERMISSION? YES NO				
CONTACT NUMBER		11/12/	PURPOSE OF USE					
HOME CELL BUSINESS FAX		PREFERRED LANGUAGE	TRANSPORT					
			FRENCH	T FAJOUTUR				
12 (D) THIRD PARTY DAMAGE INFORMATION AREA OF DAMAGE								
SIDE, MIRROR	REPAIR ESTIMATE \$ [C	REPAIR ESTIMATE \$ [0 0 0 0 DRIVABLE? YES						
DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE BROKEN COM	APUTER \$12	2000						
13: WITNESS CONTACT INFORMATION			al particular partic					
STEPHEN GOLD	SMITH							
STEPHEN GOLD 12 OVEEN ST. 1	مار	***************************************	· · · · · · · · · · · · · · · · · · ·					
TOPANTO ON	<i>(</i> . Δ	***************************************		POSTAL D103E8				
TORONTO, ON,	17-409-2001			CODE VIVSES				
	17-404-8001	Р	REFERRED LANGUAGE	E ENGLISH FRENCH				
BUSINESS FAX			1.00					
14. ADJUSTER ASSIGNMENT INFORMATION								
EMILY GOLDSTEIN	'	· · · · · · · · · · · · · · · · · · ·						
			,					
CONTACT NUMBER HOME 647-866-7272 CELL		EMAIL ADDRESS EMIL	a goldstein	@yahoo.ca				
BUSINESS FAX			2 20.00	0 0				
REPORTED BY JANE DOE				4/4/2019 TIME 2:00 P.M.				
REPORTED TO JAMES LU			DATE	4/5/2014 TIME 9:00 BAM.				