CSI		

TICE	INSURER CLAIM NUME
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CSIO	AUT (OMOBI	LE LO	SS NOTIC	Ε		INSU	JRER CLAII	M NUMBER	
INSURANCE COMPANY				BROKER REFERENCE NUMBE	R CA	TASTROPHE N	UMBER	POLICY NU	IMBER	
1. INSURED'S FULL NAME AN	D POSTAL ADDRE	ss		2. BROKER'S NAME AND	POST	AL ADDRESS	3			
		POSTAL						POST	AL	
CONTACT NUMBER	POSTAL CODE							POST	<u> </u>	
HOME BUSINESS	CELL FAX			HOME BUSINESS		CELI FAX	-			
						BROKER CONTRACT NUMBER BROKER SUB-CONTRACT NUMBER				
EMAIL ADDRESS				GROUP / PROGRAM NAME GROUP ID						
WEBSITE ADDRESS				BROKER CLIENT ID COMP				ENT ID		
3. ALTERNATE CONTACT INFO	ORMATION									
3. ALIERNATE CONTACT INFO	ORMATION			RELATIONSHIP TO INSURED						
				CONTACT NUMBER						
		POSTAL		HOME BUSINESS		CELI FAX				
4. POLICY PERIOD		CODE		BOOMESO		1700				
EFFECTIVE DATE	TIME	A.M P.M	EXPIRY DATE	AT 12:01 A.M.		ALL TIMES AI POSTAL ADD	RE LOCAL RESS STA	TIMES AT T	THE APPLICANT	'S
5. VEHICLE INFORMATION										
VEH. NO. YEAR N	IAKE	MODEL		VIN		PLATE NUME	BER		PROV.	
WHERE CAN VEHICLE BE SEEN?			l l	WHEN CA	N VEHIC	CLE BE SEEN?		TIM	1E	☐ A.M. ☐ P.M.
6. COVERAGE INFORMATION	1.00(05)(7								1	
LIABILITY LIMITS	ACCIDENT BENEFITS	ALL P	ERILS	COLLISION			REHENSIV	/E	SPECIFIED PE	ERILS
\$		DED. \$	1	DED. \$		DED. \$			DED. \$	
SEF / OPCF / QEF # ENDORSEMENTS		LIMIT 2	DEDUCTIBLE	SEF / OPCF / QEF # ENDORSE	MENTS	LIMIT 1		LIMIT 2	DEDUCTIE	BLE
#	\$ \$	\$	\$	#		\$	\$		\$	
#	\$	\$	\$	#		\$	\$		\$	
#	\$ \$	\$	\$	#		\$	\$		\$	
# OTHER	φ	Ψ	Ψ	#		Ψ	Ψ		_I\$	
7. DRIVER INFORMATION										
DRIVER NO.										
								POSTAL		
				T	RE	LATIONSHIP		CODE		
DRIV. LIC. # CONTACT NUMBER				DATE OF BIRTH		INSURED				
HOME BUSINESS	CELL FAX			PURPOSE OF USE			USE PER	D WITH MISSION?	YES	NO
EMAIL ADDRESS				PREFERRED LANGUAGE	EN	GLISH	F	RENCH		
8. ADDITIONAL INTERESTS										
NAME AND ADDRESS								NA	TURE OF INTER	(EST
9. DETAILS OF LOSS										
	AILS OF LOSS - INCLU	JDING STREET ADDF	RESS, CITY, PROVIN	ICE AND STREET NAMES OR ANY	APPLICA	ABLE INTERSEC	CTION			
TIME A.M.										
	AREA OF DAMAGE				REPAIR DRIVABLE? YES] NO
DESCRIPTION OF LOSS AND DAMAGE	E									
CSIO - Automobile Loss Notice CA1	15040 200600			Page 1	@ 200	6 Contro for Stu	dy of Inc.	onoo Onor-	tiono All richts	00000

CSIO	AU1	TOM(OBILE LO	SS NOT	ICI	E		INSURER C	LAIM NUMBER	۲
INSURANCE COMPANY				BROKER REFERENCE	E NUMBI	ER CATASTI	ROPHE NUM	MBER POLIC	Y NUMBER	
10. AUTHORITY REF	PORT INFORMATION									
POLICE		□F	FIRE DEPARTMENT			OTHER	₹			
MUNICIPALITY/CITY		MUM	NICIPALITY/CITY			MUNICIPA	ALITY/CITY			
DIVISION NUMBER		STA	ATION NUMBER			LOCATIO	N NUMBER			
OFFICER'S NAME		CON	NTACT NAME			CONTACT	NAME			
CONTACT NUMBER		CON	NTACT NUMBER			CONTACT	NUMBER			
BADGE NUMBER		BAD	DGE NUMBER			BADGE N	UMBER			
DATE REPORTED		DAT	TE REPORTED			DATE RE	PORTED			
OCCURENCE NUMBER		REF	PORT NUMBER		NUMBER	JMBER				
CHARGES LAID		OTH	HER			CHARGES	SLAID			
11. INJURED PARTY	NONE REPORTE	ED Sp e	ecify Type: A - Insured driver	B = Insured passenger	r	Third party driv	er or passen	nger D = P	edestrian	
								POSTA CODE	AL	
CONTACT NUMBER HOME BUSINESS	CELL FAX		PREFERRED LANGUAGE ENGLISH FRENCH	NATURE OF INJURY				HOSPI	TALIZED	o
	OWNER INFORMATION									
								POSTA CODE	.L	
CONTACT NUMBER HOME BUSINESS	CEI FAX	(PREFE	RRED LANGU	AGE	□Е	NGLISH	FRENCH
12 (B). THIRD PARTY	Y VEHICLE INFORMATION MAKE	MODEL			PLATE	NUMBER		PROV.		
INSURANCE COMPANY	1				POLIC	Y NUMBER				
WHERE CAN VEHICLE BE	SEEN?			 Wi	HEN CAI	N VEHICLE BE	SEEN?		TIME	A.N
12 (C). THIRD PARTY	Y DRIVER INFORMATION	NA NA	ME AND ADDRESS SAME	AS SECTION 12A						
								POSTAL CODE		
DRIV. LIC. #				DATE OF BIRTH				USED WITH PERMISSION	l? YES	S NO
CONTACT NUMBER HOME	CEL	L		PREFERRED LANGUAG	GE	ENGLISH		PURPOSE OF	- USE	
BUSINESS	FAX	(THE ENGLES ENGO		FRENCH				
AREA OF DAMAGE	Y DAMAGE INFORMATIO	N				DEDAIR			Г	YES
						REPAIR ESTIMAT	E \$		DRIVABLE? [NO
DESCRIPTION OF PROPE	RTY DAMAGE (OTHER THAN	VEHICLE)								
13. WITNESS CONTA	ACT INFORMATION									
CONTACT NUMBER								POSTA CODE	\L	
CONTACT NUMBER HOME BUSINESS	CEL FAX				P	REFERRED LA	ANGUAGE	ENGL	SH]FRENCH
14. ADJUSTER ASSI	GNMENT INFORMATION									
CONTACT NUMBER										
CONTACT NUMBER HOME BUSINESS	CEL FAX			EMAIL ADDRESS			ı			
REPORTED BY							DATE	1	ГІМЕ	☐ A.M
REPORTED TO							DATE	1	ГІМЕ	□ A.N

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