CSIO	AUTO	MOBILE LO	SS NOTICE		INSURER CLAIM N	IUMBER			
INSURANCE COMPANY LA facit	insuran			ATASTROPHE NUME	BER POLICY NUMB	BER 5			
INSURED'S FULL NAME AND			2. BROKER'S NAME AND POST		100				
Will Smith	3370.334.77		Janice Miller						
24 St. George S	treet		18 Adelaide Street West						
Toronto, Ontar	10	12-227	Victoria, BC						
		POSTAL L 49 A2 C	POSTAL M I B 904						
CONTACT NUMBER 9-1373 HOME 416-429-1373 BUSINESS 647-111-1234	CELL 1	79-427-9909	CONTACT NUMBER HOME 416-491-1111 CELL 647-877-1234 BUSINESS 647-497-4931 FAX —			4			
		47-401-1988 MFRENCH	BROKER CONTRACT NUMBER 103	FAX BROKER	ROKER SUB-CONTRACT NUMBER				
PREFERRED LANGUAGE ENG			GROUP / PROGRAM NAME TEST	GROUP	ROUP 10204				
	@ gmail.			ii COMPAN	OMPANY CLIENT ID 19732				
WEBSITE ADDRESS Will prop	verties.co	γ \	BROKER CLIENT ID 134978	9	17/32				
3. ALTERNATE CONTACT INFO	RMATION		T						
Bob Miller			RELATIONSHIP TO INSURED Frie						
24 King Street	West		CONTACT NUMBER HOME 416-499-1277 BUSINESS 647-187-1992	CELL &	ELL 187-777-1289 x 705-417-1289				
Toronto, ON +0131		POSTAL A18 1 X 2	BUSINESS 647-187-1992	BUSINESS 647-187-1992 FAX 705-					
4. POLICY PERIOD		AM EV	0/ / 0	ALL THACOADE!	OCAL TIMES AT THE	APPLICANT'S			
EFFECTIVE DATE 08/19/201	8 TIME 122	OO P.M. EXPIRY DATE (19/20/2019 AT 12:01 A.M.	POSTAL ADDRES	SS STATED HEREIN.	AFFLICANTS			
5. VEHICLE INFORMATION			- Mili	DI ATC MUMDES		DDOV			
VEH. NO. YEAR ACUYO	KE	M DX 1234	1-A972-1887-1932 A	PLATE NUMBER BCD-197	,	PROV.			
1	4 St. Geon	ne Street			21/2018 TIME	9:00 BAL			
6. COVERAGE INFORMATION	<u> </u>	/							
LIABILITY LIMITS	ACCIDENT BENEFITS	ALL PERILS	COLLISION	COMPRE	HENSIVE S	PECIFIED PERILS			
s 4,000,000	XW	DED. 500, 000	DED. 123,000	DED. 10,00	0,000	PED. 4500			
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#	\$	\$ \$	#	\$	s s				
#	\$	\$ \$	#	\$	\$ \$				
OTHER									
7. DRIVER INFORMATION DRIVER NO. Will Smith									
24 St. George	e Clroat	Toronto, O	intario						
29 31.00019	271001	10.0110/	111 00		POSTAL CODE	49 AZC			
DRIV. LIC. # P 1234-798-	7-4210		DATE OF BIRTH 08/19/1996 R	ELATIONSHIP O INSURED	-				
CONTACT NUMBER HOME 416-429-1373 BUSINESS 747-11-1234	10	9-427-9999	PURPOSE OF USE LEISUICE USED WITH PERMISSION? DIVES NO						
	FAX 1	17-491 10-20							
EMAIL ADDRESS WILLIZ-C	Dgmail.co	^	PREFERRED LANGUAGE LEN	NGLISH	FRENCH				
8. ADDITIONAL INTERESTS					INATU	RE OF INTEREST			
NAME AND ADDRESS JOHN)oe	8 Adelaide Stree	t West			-			
9. DETAILS OF LOSS	(1) (1) (1) (1)			(5) (1)					
DATE 08/25/2018 DETAIL	LS OF LOSS-INCLU	JDING STREET ADDRESS, CITY, PROVIN	CE AND STREET NAMES OR ANY APPLIC R Shoppers Dryg	ABLE INTERSECTION	lorth York	. ON			
			REPAIR	N I m					
LOSS TYPE AREA OF DAMAGE FRONT BUMPER REPAIR STIMATES 4120 DRIVABLE? WES INO									
DESCRIPTION OF LOSS AND DAMAGE									
Front bum	per sm	iashed, headlights	broken						

SPOLE	CSIO	AUTO	MOBILE LO	OSS NOTICI		INSURER CLAIM	M NUMBER		
AUTHORITY REPORT IN PORTATION	INSURANCE COMPAN	Y Intact Insur	ance	BROKER REFERENCE NUMBER	CATASTROPHE	NUMBER POLICY NO A B C	UMBER) 45		
Control Cont	10. AUTHORITY RI	EPORT INFORMATION							
SCHOOLS AND STATE	⊴POLICE		☐ FIRE DEPARTMENT		OTHER				
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DOURNET MARKER 4 9 7 89 1 29 7 DONNOT MARKER 19 4 7 87 21 9 7 DONNOT MARKER DONNOT	OFFICER'S NAME	Andrew Johnson	CONTACT NAME	CONTACT NAME					
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