




# AUTOMOBILE LOSS NOTICE

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 BUSINESS				CELL FAX		CONTACT NUMBER HOME BUSINESS				CELL FAX								
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> 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 BUSINESS						CELL FAX						
						POSTAL CODE												
4. POLICY PERIOD																		
EFFECTIVE DATE				TIME		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		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.						
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.																		
															POSTAL CODE			
DRIV. LIC. #								DATE OF BIRTH				RELATIONSHIP TO INSURED						
CONTACT NUMBER HOME BUSINESS								CELL FAX				PURPOSE OF USE				USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMAIL ADDRESS								PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH										
8. ADDITIONAL INTERESTS																		
NAME AND ADDRESS														NATURE OF INTEREST				
9. DETAILS OF LOSS																		
DATE		DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION																
TIME		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																
LOSS TYPE		AREA OF DAMAGE						REPAIR ESTIMATE \$				DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
DESCRIPTION OF LOSS AND DAMAGE																		

		<h1>AUTOMOBILE LOSS NOTICE</h1>		<div>INSURER CLAIM NUMBER</div>			
INSURANCE COMPANY			BROKER REFERENCE NUMBER		CATASTROPHE NUMBER	POLICY NUMBER	
<b>10. AUTHORITY REPORT INFORMATION</b>							
<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			
<b>11. INJURED PARTY</b> <input type="checkbox"/> NONE REPORTED <b>Specify Type:</b> <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		
<b>12 (A). THIRD PARTY OWNER INFORMATION</b>							
					POSTAL CODE		
CONTACT NUMBER HOME		CELL	PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		
BUSINESS		FAX					
<b>12 (B). THIRD PARTY VEHICLE INFORMATION</b>							
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.		
<b>12 (C). THIRD PARTY DRIVER INFORMATION</b> <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				
<b>12 (D). THIRD PARTY DAMAGE INFORMATION</b>							
AREA OF DAMAGE			REPAIR ESTIMATE \$	DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE)							
<b>13. WITNESS CONTACT INFORMATION</b>							
					POSTAL CODE		
CONTACT NUMBER HOME		CELL	PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		
BUSINESS		FAX					
<b>14. ADJUSTER ASSIGNMENT INFORMATION</b>							
CONTACT NUMBER HOME		CELL	EMAIL ADDRESS				
BUSINESS		FAX					
<b>REPORTED BY</b>			DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
<b>REPORTED TO COMPANY BY</b>			DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		