



# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)  
02/25/2024

AGENCY  KRV AGENCY	INSURED LOCATION CODE 89-9ADD	DATE OF LOSS AND TIME 05-15-23   11:15	<input type="checkbox"/> AM <input type="checkbox"/> PM
PROPERTY / HOME POLICY			
CARRIER Acme Insurance			NAIC CODE
CONTACT NAME: Raunak Daga PHONE (A/C. No. Ext): 703-123-4567 FAX (A/C. No): E-MAIL ADDRESS: raunak@planflux.com CODE: SUBCODE:	POLICY NUMBER 9A-420-X7A-79	LINE OF BUSINESS	
FLOOD POLICY			
CARRIER			NAIC CODE
POLICY NUMBER			
WIND POLICY			
CARRIER			NAIC CODE
POLICY NUMBER			

## INSURED

NAME OF INSURED (First, Middle, Last) Khoi Nguyen			INSURED'S MAILING ADDRESS		
DATE OF BIRTH 03-15-1999	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable) Single			
PRIMARY PHONE # 571-7654-321	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: khoi@planflux.com		
			SECONDARY E-MAIL ADDRESS:		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

## CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last) Khoi Nguyen			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE # 571-987-6543	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
WHEN TO CONTACT Anytime during the day at all			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

## LOSS

LOCATION OF LOSS STREET: 84 Brattle Street CITY, STATE, ZIP: Cambridge, MA, 02138 COUNTRY: United States	POLICE OR FIRE DEPARTMENT CONTACTED Cambridge Police REPORT NUMBER ADA-87555
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
KIND OF LOSS <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/> <input checked="" type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND	PROBABLE AMOUNT ENTIRE LOSS \$35,000
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The statue of Bernice Cronkhite, situated in the middle of the courtyard, was stolen at some point overnight the night before this report was filed. The thieves left in a car, tire tracks remained, and photos are in the police report.	
REPORTED BY	REPORTED TO