



AUTOMOBILE LOSS NOTICE

INSURER

POLICY NUMBER

REPORT DATE

BROKER CLIENT ID:

BROKER CODE:

BROKER'S PHONE NUMBER:
(416) 324-2811

CATASTROPHE NUMBER:

1. INSURED'S FULL NAME AND POSTAL ADDRESS**BROKER'S NAME AND POSTAL ADDRESS**

Ensuro Insurance Group

BUS. PHONE

RES. PHONE

INSURED'S PREFERRED LANGUAGE



ENGLISH



FRENCH



OTHER

2. POLICY AND COVERAGE INFORMATION

FOR POLICY NUMBER SHOWN ABOVE	EFF. DATE:	EXP. DATE:	ENDORSEMENTS, LIMITS AND DEDUCTIBLES		
LIABILITY LIMITS	ACCIDENT BENEFITS	PHYSICAL DAMAGE <input type="checkbox"/> COLL <input type="checkbox"/> AP	PHYSICAL DAMAGE <input type="checkbox"/> COMP <input type="checkbox"/> SP	\$	#
\$	\$	DED. \$	DED. \$	DED. \$	DED. \$

DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THIS LOSS, INCLUDING DETAILS OF ANY OTHER APPLICABLE INSURANCE

3. INSURED VEHICLE AND DRIVER

YEAR	MAKE	MODEL	VIN	PLATE NUMBER	PROV
AREA OF DAMAGE		ESTIMATE \$	DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE CAN VEHICLE BE SEEN?	
OWNER'S NAME, ADDRESS AND PHONE NUMBER. IF NOT THE INSURED			RES. PHONE / BUS. PHONE	LIENHOLDER NAME AND ADDRESS	
DRIVER'S NAME AND ADDRESS			BUS PHONE	RES PHONE	PURPOSE OF USE
			DRIV LIC #	PROV	
			REL TO INS	DATE OF BIRTH	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. DETAILS OF LOSS

DATE (YYYY/MM/DD)	LOCATION OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OF ANY APPLICABLE INTERSECTION
TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
DESCRIPTION OF LOSS AND DAMAGE	POLICE DEPARTMENT REPORTED TO
	MUNICIPALITY
	DIVISION NO.
	OFFICER'S NAME
	BADGE NO
	PHONE
	CHARGES LAID

5. INJURIES Specify Type of Claimant A = Insured Driver B = Insured Passenger C = Third Party Driver or Passenger D = Pedestrian

TYPE	NAME AND ADDRESS	PHONE NOS.	NATURE OF INJURY	AGE
TYPE	NAME AND ADDRESS	PHONE NOS.	NATURE OF INJURY	AGE

6. THIRD PARTY VEHICLE AND DRIVER (Use another form if more than one vehicle is involved.)

YEAR	MAKE	MODEL	PLATE NUMBER	PROV
DAMAGE	ESTIMATE \$	DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE CAN VEHICLE BE SEEN?	
OWNER'S NAME, ADDRESS, AND PHONE NUMBER IF DIFFERENT FROM DRIVER			RES. PHONE / BUS. PHONE	INSURER POLICY NUMBER
DRIVER'S NAME AND ADDRESS			BUS PHONE	RES. PHONE
			DRIV LIC #	PROV
DESCRIPTION OF PROPERTY DAMAGE				

7. CONTACTS

NAME AND ADDRESS:	RELATIONSHIP:	BUS. PHONE: () -	RES. PHONE: () -
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REMARKS:

REPORTED BY:

DATE REPORTED: