***NOTICE OF LOSS- AUTO***

*Including Cheque Request*

|  |
| --- |
| **Policy and Claim Information** |
| Company:       | Policy #:      | Expiry:       | Claim #:      | Agent:       |
| PL/PD:      | Acc. Ben:      | AP:      | Coll Ded:      | Comp Ded:      | Spec Perils Ded:      | Other:      |
| Type of Loss and Reserve:       | Date and Time of Loss:       |
| Insured’s Name:       | Home Phone #:       |
| Insured’s Address:       | Work Phone #:      |
| Driver’s Name:       | Phone #:      |
|   | License #:      | Date of Birth:       |
| Insured’s Statement:       |
| Insured’s Injury:        |
| Liability:       | Salvage:       | Recovery:       | Police:       |
|  |
| **Insured’s Vehicle** |
| Item #      | Leinholder:       |
| Auto Year:       | Make:       | Model:       | Serial #:      |
|  |
| **Third Party** |
| Company:      | Policy #:       | Adjuster:       |
| Third Party Name:       | Home Phone:       |
| Address:       | Work Phone:       |
| Vehicle:       | Damage:       |
| Driver’s Name:       |
|  | License #:       | Injury:       |
| Location of Loss:       |
| Particulars of Loss:       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Cheque #** | **Type** | **Payee** | **Amount** | **KP** | **Reserve** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |