***NOTICE OF LOSS- AUTO***

*Including Cheque Request*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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: | | | | | | | | | | | | | | | |

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