

CSIO AUTOMOBILE LOSS NOTICE

DATE (YY/MM/DD)

BROKER	PHONE (A/C, No, Ext): (905)773-1188	COMPANY	MISCELLANEOUS INFO (Site & location code)
FAIR INSURANCE BROKERS LIMITED 12285 Yonge Street, Main Floor Richmond Hill, ON L4E 3M7		POLICY NUMBER	REFERENCE NUMBER
			CAT #

CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED
BROKER CUSTOMER ID:					PM	YES NO

INSURED		CONTACT	CONTACT INSURED	LANGUAGE SPOKEN:
INSURED'S NAME & ADDRESS		CONTACT'S NAME & ADDRESS		WHERE TO CONTACT
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
				WHEN TO CONTACT

LOSS		LOCATION OF ACCIDENT (Include city & province)	AUTHORITY CONTACTED:	REPORT #:	CHARGES LAID
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)					

INJURED						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS						
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)		

INSURED VEHICLE					
YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	PROV	
	MODEL:	V.I.N.:			

OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	DRIVER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
			(Check if same as owner)		

RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PROV	PURPOSE OF USE	USED WITH PERMISSION?
					YES NO

DESCRIBE ADDITIONAL DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	IS VEHICLE DRIVABLE?

POLICY INFORMATION						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE					COLLISION DED	

PROPERTY DAMAGED		
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	OTHER VEH/PROP INS?	COMPANY OR BROKER NAME:
	YES NO	POLICY #:

OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	OTHER DRIVER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
			(Check if same as owner)		

DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

REMARKS (Include adjuster assigned)		
REPORTED BY	REPORTED TO	SIGNATURE OF BROKER OR INSURED