

NOTICE OF LOSS		<input type="checkbox"/> Auto <input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Other (Specify)										
Insurance Company		Policy Number					Company Claim Number					
Policy Effective Date		Policy Expiry Date		Date of Loss		Time of Loss : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Kind of Loss		Previously Reported To Company		
Name of Agent/Broker Orr Insurance Brokers Inc.							Code(s)		Phone 519-271-4340			
INSURED	Name					Language Spoken <input checked="" type="checkbox"/> English <input type="checkbox"/> French						
	Address					Residence Phone			Business Phone			
	Postal Code					(Ext.)			(Ext.)			
COVERABLE	Type of Policy/Form Number			Coverage			Limits/Sum Insured		Deductibles		Other	
	Lienholder/Mortgagee											
	Other Insurance											
INVESTIGABLE	Year, Make, Model			V.I.N. (Serial Number)					Plate No.			
	Owner's Name & Address							Phone				
	Driver's Name & Address (If other than owner)					Residence Phone			Business Phone (Ext.)			
	Relation to Insured	Age	Driver's License Number			Use of Vehicle	Where Can Vehicle Be Seen			Used With Permission <input type="checkbox"/> No <input type="checkbox"/> Yes	Is Car Driveable <input type="checkbox"/> No <input type="checkbox"/> Yes	
THIRD PARTY	Describe Property (If Auto; Year, Make Model, Plate No.)			Describe Damage			Company or Agent/Broker & Policy Number					
	Owner's Name & Address					Residence Phone			Business Phone (Ext.)			
	Driver's Name & Address (If other than owner)					Residence Phone			Business Phone (Ext.)			
	Name & Phone Number of Adjuster							Company Claim Number				
INJURED	Name & Address				Phone		Ped.	Ins. Veh.	Other Veh.	Age	Extent of Injury	
	Name & Address				Phone		Ins. Veh.	Other Veh.	Other (Specify)			
WITNESSES	Location											
	Police/Fire Dept. To Whom Reported			Badge No. Name			Division		Charges Laid			
	Description of Loss/Damage											
REMARKS												
	Name of Caller		Taken By			Date (Y/M/D)		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Agent/Broker/Company Use		
	Reported To		Reported By			Date (Y/M/D)		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
Adjuster		Phone Number			Adjuster's Claim Number							