

MINOR ACCIDENT AND LOSS REPORT

PRELIMINARY

□ INTERIM

□ FINAL

Date

AGENT/BROKER..... Policy No. Expiry
To..... Claim No.
Reported by Our Claim No.
INSURED..... Address

VEHICLE Vin No. Licence Plate No. & Prov.

YEAR MAKE MODEL

Reported coverage B.I.P.D.....Deductible: All Perils.....Collision.....
Comp.....S. Perils.....

OWN DAMAGE Date of Birth

DPI/ER Licence No. Province of issue

DRIVER.....M.I.D.L.X.....Licence No.....Province or issue

Address..... Had Driver Been Drinking

DATE OF ACCIDENT..... Time..... Police Report Enclosed

Type of Road Condition..... Weather.....

PROPERTY DAMAGE- Owner Address

Vehicle or Property Insurance

GOODS AND SERVICES TAX / HARMONIZED SALES TAX / QUÉBEC SALES TAX: The amount claimed should be net of recoverable GST/HST/QST.

If the answer is YES, please state: a) Registration No.

Name _____ Address _____
SSES (State in which vehicle or independent)

REPORT OF DRIVER

(IF FURTHER SPACE REQUIRED USE REVERSE SIDE)

Singer

REPORT OF ADJUSTER

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FURTHER ENCL OSURES

- Third Party Statement Repair Invoice/Estimate Photographs Release
 Witness' Statement Diagram Proof of Loss