

PROPERTY LOSS SHORT FORM REPORT

Date:

PRELIMINARY REPORT

INTERIM REPORT

FINAL REPORT

TO:

Insured:

Address:

Policy:

Term

Agent

Address:

Date of Loss:

Claim #:

Our File #:

COVERAGE:

SUGGESTED RESERVE:

\$.....Item

\$.....Item

\$.....Item

\$.....Item

LOCATION OF RISK

SIZE & CONSTRUCTION OF BUILDING

MORTGAGE

PREVIOUS CLAIMS

DEDUCTIBLES

FORM NUMBERS

CO. INS. () NO () YES

CAUSE OF LOSS:

DETAILS OF LOSS & REMARKS:

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

Is the Insured registered for GST/HST/QST? YES.....NO.....

If the answer is YES, please state: a) Registration Number.....

b) Percent Recoverable

REQUEST FOR PAYMENT: Please issue drafts as follows () We have issued drafts as follows ()

\$.....To:

\$.....To:

\$.....To:

\$.....To:

DENIED CLAIM () LESS THAN DED. () DENIED CLAIM FOR OTHER REASONS LISTED ABOVE: ().....

SUBROGATION: () NO () YES () SEE REMARKS

SALVAGE: () NO () YES () SEE REMARKS.....

ENCLOSURERES:

INSURED'S REPORT

POLICE REPORT

FIRE DEPT. REPORT

SKETCH/DIAGRAM

PHOTOGRAPHS

REPAIR INVOICE/ESTIMATE

ADJUSTERS ESTIMATE

SCHEDULE OF LOSS

PROOF OF LOSS

SUBROGATION/LOAN RECEIPT

OUR FINAL INVOICE

INTRIM INVOICE

OTHER INVOICE

BUREAU & PROV. FORMS ATTENDED TO:

IBC CLAIM FORM NO. 11.

(Adjuster's Signature)