



LOSS REPORT FORM

Property

Automobile

Engineering

Broker \_\_\_\_\_ Policy No. \_\_\_\_\_

Insured \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(year/month/day)

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Spouse's Name and Maiden name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(year/month/day)

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Where did loss occur? \_\_\_\_\_

Automobile/Snowmobile: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Briefly describe the damage and how the loss occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Estimate of loss Rs. \_\_\_\_\_

Police were notified at \_\_\_\_\_ on \_\_\_\_\_

Loss Payable, Mortgagee and/or Lienholder \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT - Who (other than you) was responsible for loss or damage?**

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Give Names and Addresses of Witnesses \_\_\_\_\_  
\_\_\_\_\_

Additional Insurance of Rs. \_\_\_\_\_ WITH \_\_\_\_\_  
(Insurance Company)

The foregoing statements are true and correct to the best of my knowledge, and are submitted as a Claim under the said policy.

Date \_\_\_\_\_ Signature \_\_\_\_\_