

CSIO		AUTOMOBILE LOSS NOTICE				POLICY NUMBER		REPORT DATE (YYYY/MM/DD)							
INSURER			BROKER		CODE		PHONE		CLIENT ID						
INSURED			ADDRESS				BUS. #		RES. #						
PREVIOUSLY REPORTED		YES		NO		IF YES, DATE REPORTED		REPORTED BY TO							
ADJUSTER ASSIGNED			ADJUSTER NO.		DATE		PHONE		CATASTROPHE NO.						
1. CONTACTS Specify type: A = Insured B = Other insured driver C = Passenger D = Third party driver E = Other party driver F = Witness															
TYPE		NAME AND ADDRESS				PHONE NOS.		WHERE AND WHEN TO CONTACT							
LANGUAGE															
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LANGUAGE															
2. LOSS INFORMATION															
DATE (YYYY/MM/DD)		CAUSE OF LOSS		TYPE OF LOSS:		THIRD PARTY BI		THIRD PARTY PD		ACC. BENEFITS		COLLISION / AP		COMP / SP	
TIME		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		ESTIMATED AMT:		\$		\$		\$		\$		\$	
LOCATION OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OF ANY APPLICABLE INTERSECTION								POLICE DEPARTMENT REPORTED TO							
								MUNICIPALITY							
DESCRIPTION OF LOSS AND DAMAGE								DIVISION NO.							
								OFFICER'S NAME							
								BADGE NO.							
								PHONE							
								REPORT NO.							
								CHARGES LAID							
3. INJURIES Specify type of claimant A = Insured driver B = Insured passenger C = Third party driver or passenger D = Pedestrian															
TYPE	NAME AND ADDRESS					PHONE NOS.		NATURE OF INJURY			AGE				
TYPE	NAME AND ADDRESS					PHONE NOS.		NATURE OF INJURY			AGE				
4. INSURED VEHICLE AND DRIVER															
YEAR	MAKE		MODEL		BODY TYPE		VIN		PLATE NO.		PROV.				
DAMAGE		ESTIMATE \$		DRIVABLE?	YES	NO	WHERE AND WHEN DAMAGE CAN BE SEEN								
OWNER'S NAME, ADDRESS AND PHONE NO. IF NOT THE INSURED															
DRIVER NAME AND ADDRESS				BUS. #		RES. #		PURPOSE OF USE							
				DRIV. LIC. #		PROV.									
				REL. TO INS.		DATE OF BIRTH		USED WITH PERMISSION?		YES	NO				
5. THIRD PARTY VEHICLE AND DRIVER (Use another form if more than one vehicle is involved.)															
YEAR	MAKE		MODEL		BODY TYPE		VIN		PLATE NO.		PROV.				
DAMAGE		ESTIMATE \$		DRIVABLE?	YES	NO	WHERE AND WHEN DAMAGE CAN BE SEEN								
OWNER'S NAME, ADDRESS AND PHONE NO. IF DIFFERENT FROM DRIVER															
DRIVER NAME AND ADDRESS				BUS. #		RES. #		POLICY NO.							
				DRIV. LIC. #		PROV.		INSURER							
6. OTHER PROPERTY DAMAGE															
DESCRIBE ANY OTHER DAMAGE TO PROPERTY, INCLUDING THE OWNER'S NAME, ADDRESS AND PHONE NUMBER, ESTIMATED AMOUNT, WHERE AND WHEN THE DAMAGE CAN BE SEEN AND THE DETAILS OF OTHER INSURANCE ON THE PROPERTY															
7. POLICY AND COVERAGE INFORMATION															
FOR POLICY # SHOWN ABOVE		EFF. DATE		EXP. DATE		FORM(S)		ENDORSEMENT, LIMITS AND DEDUCTIBLES							
SINGLE LIMIT	BODILY INJURY PER PERSON	BODILY INJURY PER ACCIDENT	THIRD PARTY PROPERTY DAMAGE	ACCIDENT BENEFITS	PHYSICAL DAMAGE		PHYSICAL DAMAGE		#	#	#				
					COLL	AP	COMP	SP	\$	\$	\$				
\$	\$	\$	\$	\$	\$	\$	\$	\$	DED. \$	DED. \$	DED. \$				
DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THE LOSS															
ADDITIONAL INTERESTS						OTHER INSURANCE									
NAME AND ADDRESS				NATURE OF INTEREST		POLICY NO.		EFF. DATE							
						INSURER		EXP. DATE							
NAME AND ADDRESS				NATURE OF INTEREST		POLICY NO.		EFF. DATE							
						INSURER		EXP. DATE							
NAME AND ADDRESS				NATURE OF INTEREST		POLICY NO.		EFF. DATE							
						INSURER		EXP. DATE							
CSIO AUTO LOSS (10/96)															
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