

LIABILITY LOSS NOTICE

Broker Name: _____ Telephone: _____

Broker Contact: _____ Telephone: _____

Date of Loss: _____ Type of Loss: _____

Time of Loss: _____ Policy #: _____

Effective Date: _____ Expiry Date: _____

Insured Name: _____ Contact Person: _____

Tel (Cell): _____ Tel (Home): _____

Tel (Bus): _____ E-mail: _____

Insured Address: _____

Location of Loss: _____

Name of Person Reporting: _____

Relationship to Insured: _____

Details or circumstances that may result in a claim: _____

Name of Claimant: _____

Address (if known): _____

Have you been served with a Writ of Summons or Statement of Claim? _____

Return via email to Newclaims@tcim.ca or fax to 204-925-8279