

**PROPERTY 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:

Details of Loss & Remarks:

Deductible: $

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