

## 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](mailto:Newclaims@tcim.ca) or fax to 204-925-8279