IBC CLAIM FORM NO. 10.GST

MINOR ACCIDENT AND LOSS REPORT

☐ PRELIMINARY ☐ INTERIM ☐ FINAL Date

AGENT/BROKER.....Policy No.....Expiry .....

To.....Claim No. ....

Reported by .....Our Claim No. ....

INSURED.....Address ....

VEHICLE .....Vin No. |...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|... Licence Plate No. & Prov. .....

YEAR MAKE MODEL

Reported coverage B.I.P.D. .....Deductible: All Perils.....Collision.....

Comp. .....S. Perils.....

OWN DAMAGE .....

Date of Birth

DRIVER .....| M | D | Y |..... Licence No. .....Province of issue .....

Address.....Had Driver Been Drinking .....

DATE OF ACCIDENT.....Time.....Police Report Enclosed ☐

Location ....

Type of Road ..... Condition..... .....Weather.....

PROPERTY DAMAGE- Owner ....Address.....

Vehicle or Property ....Insurance .....

Damage ....Estimate .....

GOODS AND SERVICES TAX: The amount claimed should be net of recoverable GST.

Is the Insured registered for GST? YES..... NO.....

If the answer is YES, please state: a) Registration Number..... b) Percent Recoverable.....

WITNESSES (State in which vehicle or independent)

Name .....Address..... .....

Name .....Address..... .....

REPORT OF DRIVER

.....

.....

.....

.....

(IF FURTHER SPACE REQUIRED USE REVERSE SIDE)

Signature

REPORT OF ADJUSTER

.....

.....

.....

.....

.....Signature

FURTHER ENCLOSURERS

☐ Third Party Statement ☐ Repair Invoice/Estimate ☐ Photographs ☐ Release

☐ Witness'Statement ☐ Diagram ☐ Proof of Loss