IBC CLAIM FORM NO. 10.HST

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. |...|...|...|