



17413 - 107 Avenue
 Edmonton, AB T5S 1E5
 Phone: 780.483.4544
 Fax: 780.484.5727
 Toll Free 1.800.665.5243

Notice of Loss - Automobile

DATE OF LOSS: _____ **SCHOOL BOARD:** GYPSD

INSURED OWNER: _____ **INSURED DRIVER:** _____

Name: GYPSD No. 77 Name: _____

Address: 3656 - 1 Avenue Address: _____

Edson, AB _____

T7E 1S8 _____

Phone: (780) 723-4471 Res. Phone: _____

Fax: (780) 723-2414 Bus. Phone: _____

Person to Contact – where/when: _____ Drivers License #: _____

Corey Halabi Person to Contact – where/when: _____

School Owned Vehicle CBO _____

INSURED VEHICLE

Year/Make/Model: _____

V.I.N. (Serial No.): _____

THIRD PARTY OWNER

THIRD PARTY DRIVER

Name: _____ Name: _____

Address: _____ Address: _____

Res. Phone: _____ Res. Phone: _____

Bus. Phone: _____ Bus. Phone: _____

Insurance Company: _____ Drivers License #: _____

Policy Number: _____ Vehicle - Year/Make/Model: _____

V.I.N. (Serial No.): _____

WITNESS #1

WITNESS #2

Name: _____ Name: _____

Address: _____ Address: _____

Res. Phone: _____ Res. Phone: _____

Bus. Phone: _____ Bus. Phone: _____

INJURIES

Name: _____

Address: _____ Phone: _____

Type of Injuries: _____

LOSS DETAILS

Location of Accident: _____

Details of Accident: _____

Location of Vehicle: _____

Vehicle is Drivable

Vehicle is not Drivable

Repair Facility Referred to: _____

Rental Facility Referred to: _____

Towing Company Referred to: _____

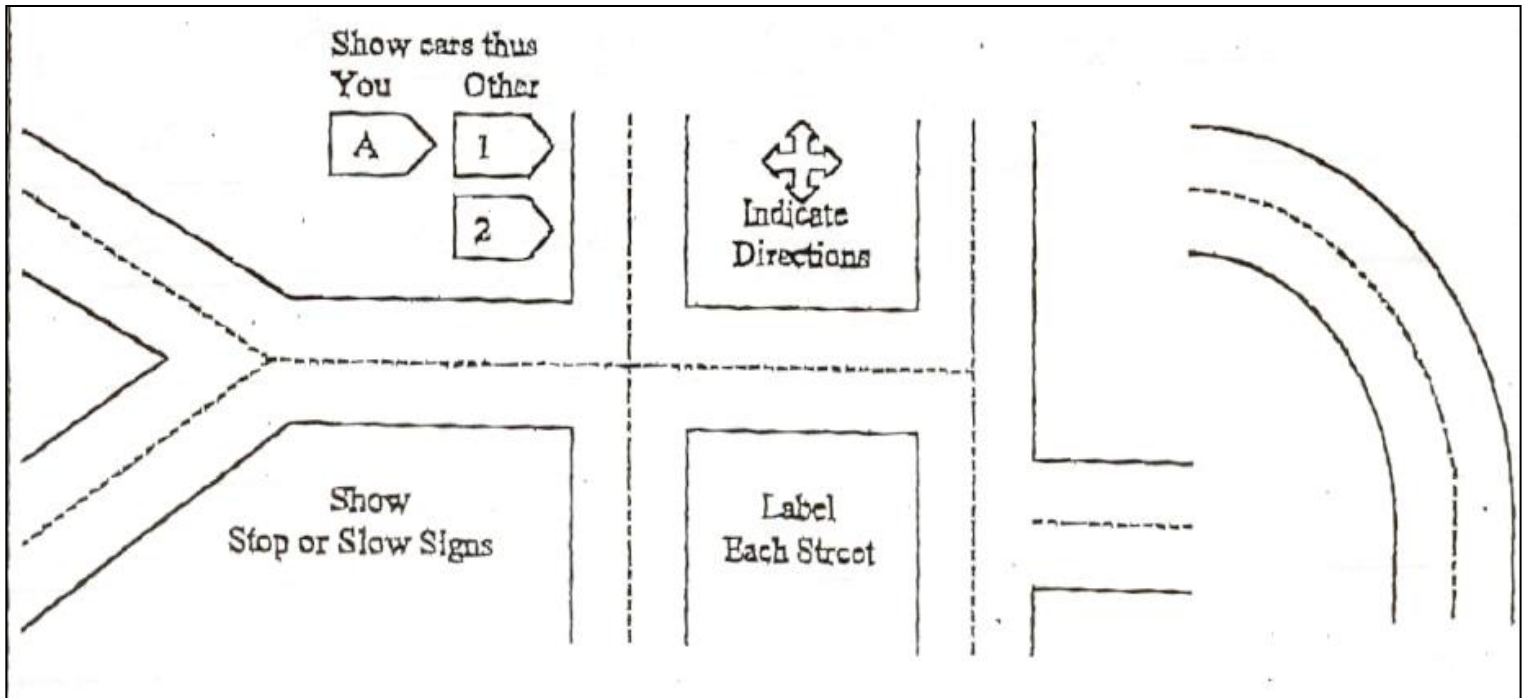
POLICE / FIRE DEPT TO WHOM REPORTED:

Location: _____ Division: _____

Report No.: _____ P.C.: _____

Phone: _____ Badge No.: _____

Illustrate position of cars at time of collision. Show skid marks.
If any street is more than two-lane or is one way only, please indicate.



Reported By: _____ Date: _____

Taken By: _____ Time: _____