



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

INSURED DRIVER: Name: Address: Addre	DATE OF LOSS:	SCHOOL BOARD: GYPSD
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: INSURED VEHICLE Year/Make/Model: Y.I.N. (Serial No.): THIRD PARTY OWNER THIRD PARTY DRIVER Name: Address: Address: Address: Res. Phone: Bus. Phone: Bus. Phone: Bus. Phone: Insurance Company: Drivers License #: Vehicle - Year/Make/Model: V.I.N. (Serial No.): WITNESS #1 WITNESS #2 Name: Address: Address: Address:	INSURED OWNER:	INSURED DRIVER:
Address: 3656 - 1 Avenue Address: Edson, AB T7E 188 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: INSURED VEHICLE Year/Make/Model: V.I.N. (Serial No.): THIRD PARTY DRIVER Name: Address: Address: Address: Res. Phone: Bus. Phone: Bus. Phone: Bus. Phone: Insurance Company: Drivers License #: Vehicle - Year/Make/Model: V.I.N. (Serial No.): WITNESS #1 WITNESS #2 Name: Address: Address: Address:	Name: GYPSD No. 77	Name:
T7E 1S8	Address: 3656 - 1 Avenue	A daluage as
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 DRIVER Name: Address: Address: Address: Res. Phone: Bus. Phone: Bus. Phone: Bus. Phone: Insurance Company: Drivers License #: Policy Number: Vehicle - Year/Make/Model: V.I.N. (Serial No.): WITNESS #1 Name: Address: Address: Address:	Edson, AB	
Fax:	T7E 1S8	
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School Owned Vehicle CBO	Person to Contact – where/when:	Drivers License #:
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Name: Address: Res. Phone: Res. Phone: Name: Address: Res. Phone:		V.I.N. (Serial No.):
Address: Res. Phone: Res. Phone: Res. Phone:	WITNESS #1	WITNESS #2
Res. Phone: Res. Phone:	Name:	Name:
	Address:	Address:
	Res Phone:	Res Phone:
BUS Phone.	Bus. Phone:	Bus. Phone:

Name:	
Address: Phone:	
Type of Injuries:	
LOSS DETAILS	
Location of Accident:	
Details of Accident:	
Location of Vahiala.	
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. Show cars thus	
You Other	
A) 1 45	
2 Indicate	
Directions	1. 1
	11
>	111
	/ / /
	/ / /
Show Label	1 1 1
Stop or Slow Signs Each Street	
	1 1 1
	= 0
Reported By: Date:	
Taken By: Time:	