

PROPERTY LOSS SHORT FORM REPORT

Date:

PRELIMINARY REPORT

INTERIM REPORT

FINAL REPORT

TO: Insured: Address: Policy: Agent: Address: Date of Loss: Claim #: Our File #

COVERAGE: \$ Item SUGGESTED RESERVE: \$

LOCATION OF RISK MORTGAGE SIZE & CONSTRUCTION OF BUILDING

PREVIOUS CLAIMS

DEDUCTIBLES

FORM NUMBERS CO. INS. () NO () YES

CAUSE OF LOSS:

DETAILS OF LOSS & REMARKS:

GOODS AND SERVICES TAX / HARMONIZED SALES TAX: The amount claimed should be net of recoverable GST/HST. Is the Insured registered for GST/HST? YES NO Recoverable a) Registration Number b) Percent

REQUEST FOR PAYMENT: Please issue drafts as follows () We have issued drafts as follows () \$ To: \$ To: \$ To: \$ To:

DENIED CLAIM () LESS THAN DED. () DENIED CLAIM FOR OTHER REASONS LISTED ABOVE: ()

SUBROGATION: () NO () YES () SEE REMARKS SALVAGE: () NO () YES () SEE REMARKS

ENCLOSURES: INSURED'S REPORT POLICE REPORT FIRE DEPT. REPORT SKETCH/DIAGRAM PHOTOGRAPHS REPAIR INVOICE/ESTIMATE ADJUSTERS ESTIMATE SCHEDULE OF LOSS PROOF OF LOSS SUBROGATION/LOAN RECEIPT OUR FINAL INVOICE INTRIM INVOICE OTHER INVOICE

BUREAU & PROV. FORMS ATTENDED TO:

IBC CLAIM FORM NO. 11.

(Adjuster's Signature)