



MOTOR VEHICLE CATASTROPHE CLAIM FORM

NOTE: "N/A" means "Not Applicable"

THE INSURED

Name: _____
Address: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Email Address: _____

PARTICULARS OF VEHICLE

Year: _____ Make: _____ Model/Type: _____ Policy No.: _____
Colour: _____ Registration No.: _____ Value: \$ _____
Mortgage Interest and Address: _____

THE INCIDENT

Date of Loss: _____ Is the vehicle driveable? ☐ YES ☐ NO
Extent of Damage (briefly describe the damage that appears to have been sustained by the vehicle): _____
Location of vehicle: _____

I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said accident shall make, any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or further accidents, shall be forfeited.

Signature of Insured: _____ Date: _____

OFFICE CHECKLIST

Period of Policy: From: _____ To: _____
Premium Paid: ☐ YES ☐ NO Comprehensive Cover: ☐ YES ☐ NO
Assessor Appointed: ☐ YES ☐ NO Assessor Name: _____
Name of Broker/Agent: _____
Claim Number: _____

Remarks:	_____

