

Claim Assignment Request

Date: _____ Attn: _____ Total Pages: _____

From

Adjuster/Agent/Contact: _____	Phone: () _____
Insurance Co./Firm: _____	Fax: () _____
Email Address: _____	

Insured

Claim Policy Number: _____		
Name: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
Home Phone: () _____	Bus. Phone: () _____	Email: _____
Contact (If Different From Above): _____		

Claim Particulars

Type Of Claim:	Fire <input type="checkbox"/>	Lightning <input type="checkbox"/>	Water <input type="checkbox"/>	Theft <input type="checkbox"/>	Other <input type="checkbox"/>
Policy Type:	Acv <input type="checkbox"/>	Deductible To Collect? Y <input type="checkbox"/> N <input type="checkbox"/>			
	Replacement <input type="checkbox"/>	GST To Collect? Y <input type="checkbox"/> N <input type="checkbox"/>	Amount: _____		

Others

Assigned Building Contractor: _____	Building Contractor Phone: () _____
Lock Box Number (if applicable): _____	
Comments: _____	

Please contact the above insured and complete the above assigned claim ASAP, Thank you, _____
[Signature]