



HALLMARK
Services beyond Risk™

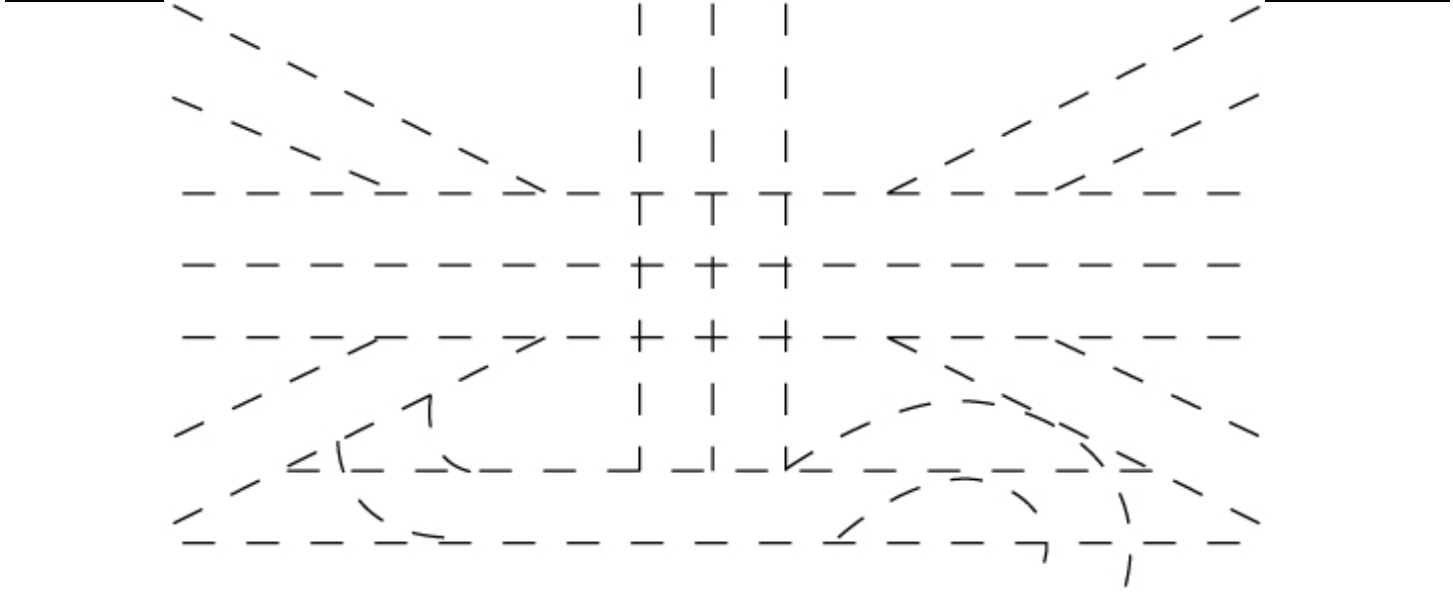
NOTICE OF ACCIDENT AND/OR CARGO LOSS

100 - 4 LANSING SQUARE, TORONTO, CANADA M2J 5A2 (416)-492-4070 or 800-492-4070 FAX: (416) 492-4321
TO REPORT A CLAIM FROM ANYWHERE IN North America. 24/7 CALL 416-492-4242

**FAX Completed form to your Insurer: Axa Insurance (800-268-8865) Jevco Insurance (905-677-5008)
Markel Insre (416-364-7157) Old Republic Insre (905-523-1471) or Zurich Insre (877-977-8077)**

INSURED INFORMATION			
Name:		Policy #:	
Address:			Phone #:
Contact Person:		Insured's Reference #:	
Email Address:			Fax #:
ACCIDENT INFORMATION			
Date of Loss:		Time of Loss:	
Loss City:		Loss Prov/State:	
Loss Location: (Intersection)			
INSURED VEHICLE INFORMATION (TRACTOR / POWER UNIT)			
Yr/Mfr:		Model:	
V.I.N.:		Ownership (circle one) Company Vehicle / Owner/Operator / Non Owned	
Owner/Lessor Name:		Lessee Name:	
Location of Vehicle:			Phone #:
Damages:			
INSURED VEHICLE INFORMATION (TRAILER)			
Yr/Mfr:		Model:	
V.I.N.:		Ownership (circle one) Company Vehicle / Owner/Operator / Non Owned	
Owner/Lessor Name:		Lessee Name:	
Location of Vehicle:			Phone #:
Damages:			
INSURED DRIVER INFORMATION (CIRCLE ONE) COMPANY EMPLOYEE – OWNER/OPERATOR – EMPLOYEE OF OWNER/OPERATOR – DRIVER SERVICE - OTHER			
Name:		Address:	Phone #:
Drivers License #:		Province Plated:	
Personal Automobile Insurer:			Policy #:
Injuries: (circle one) Major – Minor – Not Injured - Unknown		Workers Compensation Coverage (circle one) Yes - No	
INSURED PASSENGER INFORMATION (CIRCLE ONE) COMPANY EMPLOYEE – OWNER/OPERATOR – EMPLOYEE OF OWNER/OPERATOR – DRIVER SERVICE – OTHER			
Name:		Address:	Phone #:
Personal Automobile Insurer:			Policy #:
Injuries: (circle one) Major – Minor – Not Injured - Unknown		Workers Compensation Coverage (circle one) Yes - No	
CARGO LOSS INFORMATION			
Type:		\$ Value:	Currency (circle one) US / Cdn.
Shipper:		Address:	Phone #:
Consignee:		Address:	Phone #:
Bill Of Lading (circle one) US / Cdn.		Origin:	Destination:

WITNESSES			
Name:	Address:	Phone #:	
Name:	Address:	Phone #:	
POLICE INFORMATION			
Police Dept:	Officer:		
Badge No.:	Occurrence No.:		
INVOLVED PARTY (CIRCLE ONE) THIRD PARTY DRIVER – THIRD PARTY PASSENGER – OWNER OF THIRD PARTY VEHICLE - OTHER			
Name:	Address:	Phone #:	
Drivers License #:	License Jurisdiction:	Injuries (circle one) Major – Minor – Not Injured - Unknown	
Insurance Company:	Policy #:		
Vehicle: Year / Mfr	Model	License Plate:	Damages:
INVOLVED PARTY (CIRCLE ONE) THIRD PARTY DRIVER – THIRD PARTY PASSENGER – OWNER OF THIRD PARTY VEHICLE - OTHER			
Name:	Address:	Phone #:	
Drivers License #:	License Jurisdiction:	Injuries (circle one) Major – Minor – Not Injured - Unknown	
Insurance Company:	Policy #:		
Vehicle: Year / Mfr	Model	License Plate:	Damages:



N () Draw Arrow to show North.

ROAD SURFACE (Concrete, Gravel, Blacktop, etc.)

ROAD CONDITIONS (dry, snowy, wet, icy, etc.)

WEATHER CONDITIONS (fair, raining, fog, etc.)

LIGHT CONDITIONS (daylight, dusk, etc.)
