



**Excess Markets (B.C.) Corporation**  
**富邦保險有限公司**  
**Insurance Underwriters & Services**

Tel: 604-273-2786 · Fax: 604-273-2089 · 1225 – 8888 Odlin Crescent, Richmond, B.C. Canada V6X 3Z8

**LOSS REPORT FORM**

**GENERAL INFORMATION**

DATE: \_\_\_\_\_ LOSS REPORTED BY: \_\_\_\_\_ AGENT: \_\_\_\_\_

TYPE OF POLICY:   \_\_\_ RESIDENTIAL       \_\_\_ COMMERCIAL

POLICY NO.: \_\_\_\_\_ DEDUCTIBLE:\$ \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (HOME) \_\_\_\_\_ (CEL) \_\_\_\_\_

(WORK) \_\_\_\_\_ (FAX) \_\_\_\_\_

**LOSS DESCRIPTION**

DATE OF LOSS: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

LOCATION OF LOSS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

REPORTED TO POLICE: Y / N       POLICE CASE NO.: \_\_\_\_\_

LOSS DETAILS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE OF LOSS (PLEASE USE SEPARATE SHEET IF NECESSARY)**

DESCRIPTION OF PROPERTY	WHEN & WHERE PURCHASED	ORIGINAL COST	REPLACEMENT COST	AMOUNT CLAIMED

<b>FOR OFFICIAL USE</b>	<b>CLAIM NO.:</b>
<b>ADJUSTER:</b>	<b>ASSIGNED DATE:</b>

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE