

# PROPERTY LOSS NOTICE

OCEANIC UNDERWRITERS

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Form (#) : \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel (Home): \_\_\_\_\_

Tel (Cell): \_\_\_\_\_ Tel (Bus): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Insured Address: \_\_\_\_\_

\_\_\_\_\_

Location of Risk: \_\_\_\_\_

\_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Cause of Loss: \_\_\_\_\_

Detail of Loss & Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Broker Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_