



PARKINSURANCE

Service You'll Love. Trust We'll Earn.

LOSS CLAIM FORM

Park Insurance Agency Ltd.

CLAIMS OFFICE

4400 Dominion Street, Suite 420 Burnaby, BC V5G 4G3

Phone: 604.659.3130 Toll Free: 1-800-663-3739

Fax: 604.255.7373 Toll Free Fax: 1.866.362.0988

Please complete this form and fax it to: (Toll-Free) 1.866.362.0988, or (Greater Vancouver Area) 604.255.7373

Name (Last, First, Middle) * _____

Address (Street, City, Postal Code) * _____

Daytime Contact Number * _____ Home Number * _____

E-mail Address * _____ Fax Number * _____

Name of insurance company: _____ Insurance policy number: _____

Type of Claim: * Auto Residential Business Other

If other, please describe briefly: _____

Date of loss: * _____ Time of loss: * _____

Location of loss: * _____

Briefly describe the loss: * _____

Approximate value of the loss: * _____

Police/Fire Department loss reported to: _____

Case number, if issued: _____

Are you the policyholder? * Yes No

If no, what is your name? _____

What is your relationship to the policyholder? _____

** Fields marked with an asterisk must be completed.*