



OASIS Outdoor Adventure & Sport Insurance Solutions Inc. Got Toys Loss Report Form

YOUR BROKER: _____

FAX FORM TO: 1-866-488-6122 or E-MAIL FORM TO : claims@oasisins.ca

POLICY NO. _____ DATE OF LOSS ____/____/____ TIME ____ A.M. ____ P.M.
DAY MONTH YEAR

POLICY HOLDER: _____ ADDRESS _____

POSTAL CODE _____ E-MAIL _____

TELEPHONE (HOME) _____ (WORK) _____ (CELL) _____

NAME OF OPERATOR _____ DOB of Operator _____ PERMISSION GIVEN: ____ YES ____ NO

SNOWMOBILE ATV TRAILBIKE DUNE BUGGY (check one)

YEAR _____ MAKE _____ SERIAL # _____ Odometer _____ M/Km

ACCIDENT LOCATION _____

DESCRIBE THE ACCIDENT _____

DESCRIBE DAMAGE TO THE UNIT _____

DESCRIBE ANY INJURIES AND TO WHOM (LIST ANY THIRD PARTIES) _____

OTHER PARTY INVOLVED: OWNER _____ DRIVER _____

ADDRESS OF OWNER _____ PLATE NO. _____

INSURERS _____ POLICY NO. _____

TYPE OF UNIT & DETAILS _____

POLICE NOTIFIED AT _____ ON _____

OCCURRENCE NO. _____

CHARGES LAID ____ YES ____ NO AGAINST ____ INSURED ____ THIRD PARTY

GIVE NAMES AND ADDRESSES OF WITNESSES _____

THIS CLAIM IS FOR Physical damage to unit Liability Accident benefits for operator

I UNDERSTAND THAT INFLATED OR FRAUDULENT CLAIMS IS AN OFFENSE AND WILL BE PROSECUTED. THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ARE SUBMITTED AS A CLAIM UNDER THE SAID POLICY.

DATE: _____

SIGNATURE: _____