

CLAIM REPORT

Policy/ Claim Number:	
Name of Insured:	
Claimant:	
Date of Loss:	
Date of Report:	
Address:	

Description of Loss:

Please complete this form (attach any other pertinent documentation) and forward to:



Attention: Lislá Beaton
130 Paris Street Sudbury ON P3E 3E1
Phone 888-339-6069 Fax 866-308-2784
Email: lbeaton@cambrianspecialrisks.com