

# Loss Transfer Request for Indemnification

## First Party Insurer (The insurer responsible for paying Accident Benefits)

Company Name

### Mailing Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Claim Number	Policy Number	Name of Policyholder	
Classes of vehicles insured under policy		Classes of vehicles involved in incident	
Contact Person/Representative		Contact Person Phone Number	Contact Person Fax Number

## Second Party Insurer (The insurer responsible for indemnifying the first party insurer)

Company Name

### Mailing Address

Unit Number	Street Number	Street Name	
City		Province	Postal Code
Claim Number	Policy Number	Name of Policyholder	
Classes of vehicles insured under policy		Classes of vehicles involved in incident	
Contact Person/Representative		Contact Person Phone Number	Contact Person Fax Number

## Name of Insured Person and Accident Details

First Name	Last Name	Date of Accident (yyyy/mm/dd)
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### Time Period

This request covers accident benefits paid from  (yyyy/mm/dd) to  (yyyy/mm/dd)

Accident Benefits Payments

Item	Date (yyyy/mm/dd)	Description	Amount

Total Accident Benefits Payments

Deductible

Loss transfer is not available in respect to the first \$2,000 of Accident Benefits paid on a claim. Does the Total Accident Benefits Payments include the first \$2,000 of Accident Benefits paid on the claim?

- ☐ No, Continue with next section
- ☐ Yes, Subtract \$2,000 from amount Total Accident Benefits Payments

Accident Benefits Payments Eligible for Indemnification

### Percentage of Accident Benefits to be Paid by Second Party Insurer

What is the rule number used to determine fault?

What is the percentage of Accident Benefits to be paid by second party insurer through loss transfer?

☐ 0%    ☐ 25%    ☐ 50%    ☐ 75%    ☐ 100%

### Amount of Indemnification

1. Total Accident Benefits that are eligible for indemnification

2. Percentage paid by the second party insurer

3. Amount of Indemnification (multiply line 1 by line 2)

### Estimated Duration of Accident Benefits

How long to do expect Accident Benefits to be paid to the insured person?

### Declaration

I certify in good faith that information provided herein is true and that the amounts claimed are allowable under the Loss Transfer rules made under the Insurance Act

Name	Signature	Date (yyyy/mm/dd)