



Chicago Title Insurance Company
Claims Centre
55 Superior Boulevard
Mississauga, ON L5T 2X9
(f) 1(866) 214-1953
claims@ctic.ca

Notice of Claim Form

Please use this form when presenting a claim under your title insurance policy. Complete each item. Type or print legibly. Please send your completed form by mail, facsimile or E-mail.

Policy Information

Policy Number: _____

Date of Policy: _____

Name(s) of insured(s): _____

Property Details

Insured Property Address: _____

Name of your lawyer on Insured Transaction: _____

Contact Information

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

Nature of the Claim

Please provide the following information to enable us to review your claim:

Description of the claim: _____

Current status: _____

Names and addresses of other parties involved: _____

Amount of claims loss and basis for claimed loss: _____

Action you wish to have insurer take: _____
