					Ρ	ropert	y Loss	Not	tice						
PRODUCER ADDRESS & PHONE NO.										CLAIM NO.					
GREAT NATIONAL INSURANCE UNDERWRITERS, INC.										COMPANY CHUNG KUO INSURANCE CO., LTD.					
TEL# 646-2250/51/58										PREVIOUSLY REPORTED					
FULL POLICY NUMBER (Including Symbols) POLICY DATES												ATION (S	ite & loca	ation codes, etc.)	
FULL NAME(S) AS APPEARS ON POLICY											SPECIAL I.D. OR SOCIAL SECURITY NO.				
PROPERTY ADDRESS (INCL ZIP)										RES	RESIDENCE PHONE BUSINESS PHONE			NESS PHONE	
MAIL ADDRESS, IF DIFFERENT (INCL ZIP)															
WHERE CAN INSURED BE CONTACTED?										WHEN					
DATE AND TIME OF LOSS AM						LOSS LOCATION IF DIFFERENT THAN PROP					DDRESS	POLICE	TO WHO	OM REPORTED (Theft)	
РМ															
KIND OF LOSS (fire, wind, explosion, etc.)						PROBABLE AMT ENTIRE LOSS				PROBABLE AMT THIS POLICY CAT. #					
DESCRIPTION OF LOSS & DAMAGE (Use reverse if necessary)															
MORTGAO	GEE (If	none, so indi	cate)												
FIRE.ALLI	ED LIN	ES & MULT	T-PERIL	POLICI	ES * Co	omplete bel	ow only iten	ns invo	olved in	1 loss					
ITEM	Al \$	IOUNT BLDG.			CONTENTS		OTHER	% COINS		COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED					
\$								_							
										PLI	PLEASE PROVIDE US A MAP TO YOUR PROPERTY FOR INSPECTION.				
	\$										INOIL				
HOMEOWNERS POI COVERAGE A				LY * Con COVEI			ges A, B, C, D & additional c			coverages EXCEPT LIABILITY DESCRIBE ADDITIONAL COVERAGES PROVIDED					
DWELLING		APPURTENANT		UN	ISCHEE	DULED	ADDITIONAL			\$ ON					
		STRUCTURES		PERSONAL PROPERTY \$			LIVING EXPENSES								
\$							ф	φ			\$ ON				
PERCENT OF COINSURANCE APPLICABLE										\$ ON					
SUBJECT TO FORM NOS. * Insert form nos. & edition dates															
DEDUCTIBLE WINDSTORM & HAIL DEDUCTIBLE OTHER PERILS DEDUCT											TIBLE MISCELLANEOUS * Explain				
OTHER INSURANCE * List names of companies, policy numbers & amounts.															
REMARKS *	* If emer	gency handling	g required	or if subro	gation p	ossibilities, e	explain:								
ADJUSTO										R ASSIGNED					
DATE REPORTED BY						REPORTED TO				SIGNATURE OF PRODUCER OR INSURED					