

151 Charles St, Suite 100 Kitchener, ON Canada N2G 1H6 519-573-1186

# **Initial Report**

Claim ID

ClaimID123/Carrier

Type of Loss

Water

**Address** 

15 Dawson Road, Peterborough, ON,

Canada

**Insurance Company** 

**ACE MUTUAL** 

**Broker / Agent** 

NA

**Policyholder Email** 

rob.demo@mail.com

**Emergency Estimate / Reserve** 

\$25,000

Contents Estimate / Reserve

\$10,000

**Date of Loss** 

Jul 30, 2020

**CAT Code** 

1 0

**Policyholder Name** 

Sample1- Call Intake to Mitigation Start

(Jordon Dimitri)

**Adjuster** 

Adrian

**Policy Number** 

12345

Policyholder Phone Number

5195551212

Repair Estimate / Reserve

\$50,000

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Front of Loss

# **Claim Summary**

Water- Normal

Reported Leak. Appears to be clean from cold water line origin in ceiling. The kitchen and living are room affected.

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# **Attachments**

- 1. Encircle Moisture Summary Report
- 2. Covid 19 Questionnaire (ENG) ClaimID123/Carrier
- 3. Encircle Access & Authorization ClaimID123/Carrier

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# **Exterior**

# **OVERVIEW PHOTOS:** Exterior



# **PHOTO NOTES:** Exterior

# **Pre-exsisting Conditions**





Oil Stains on driveway present during initial inspection.



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## **Site Notes and Floor Plans**

### **TEXT NOTES:** Site Notes and Floor Plans

### **Property Access**

The Gate code is 2345. ■ Please call the homeowner 20mins before arrival ■ Parking in visitors only.

### **Internal Note**

The customer is stressed and concerned about speed of repair and noise levels. Please communicate often keeping them up to date. Take every possible action to reduce the noise of activities.

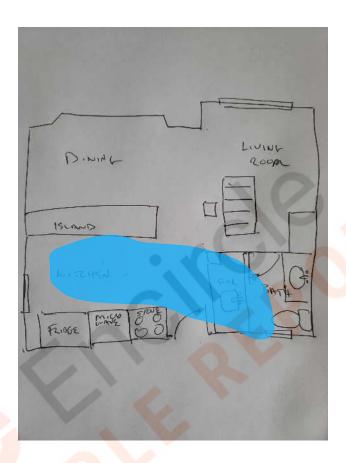
### Aug 10, 2020 Work Summary

8:30 AM JF and Rd arrived on site. Met with homeowner. Viewed the source of loss and resulting damage. Insurance will cover most. Imsured signed the WA and HC and worked is scheduled today through the week.



# **SKETCHES:** Site Notes and Floor Plans

### Sketch 1



# **Daily Work Notes**

**TEXT NOTES: Daily Work Notes** 

### **August 10 Daily Summary**

8:30 AM JF and Rd arrived on site. Met with the homeowner. Viewed the source of loss and resulting damage. Insurance will cover most. Insured signed the WA and HC and worked is scheduled today through the week.

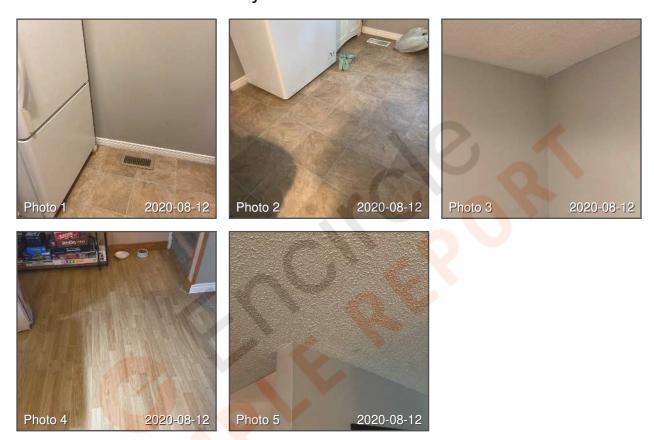
### **August 11, Daily Summary**

Arrived on site at 8:30 Am - 1 PM and 3 technicians, ■ Departed 4:00 Pm ■■ - advised homeowner of the plan today. ■ - completed safety meeting ■ - completed tearout ■ - Drying equipment installed. ■■ the actual photo updates will be seen in Sample2

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# Policyholder Photos & Videos

# **OVERVIEW PHOTOS:** Policyholder Photos & Videos



# **OVERVIEW VIDEOS:** Policyholder Photos & Videos



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# Kitchen (Cause of Loss)

# **OVERVIEW PHOTOS:** Kitchen (Cause of Loss)



















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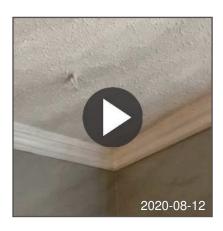






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# **OVERVIEW VIDEOS:** Kitchen (Cause of Loss)



# PHOTO NOTES: Kitchen (Cause of Loss)

### Cause of Loss





Source of Water leak found in the Kitchen ceiling. Coldwater line has ruptured. Shut off the water supply and mitigate the immediate source with container and water pickup.



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## **Resulting Damage to Structure**





As seen in kitchen photos, wallpaper and drywall have extensive damage.









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### **Preexisting Damage**



Looks like an animal has damaged the carpet prior to loss - not covered

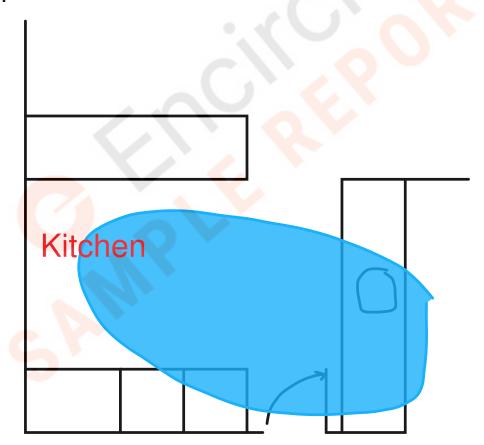
# Contents to be moved or stored These items need to be moved and stored. 2020-08-12 2020-08-12 2020-08-12 2020-08-12 2020-08-12

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**SKETCHES:** Kitchen (Cause of Loss)

## Sketch 1



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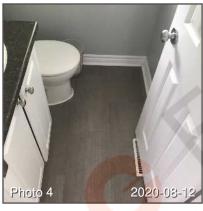
# **Bathroom - Affected**

# **OVERVIEW PHOTOS:** Bathroom - Affected











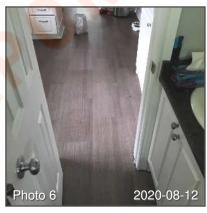


PHOTO NOTES: Bathroom - Affected

# Resulting Damage to Structure



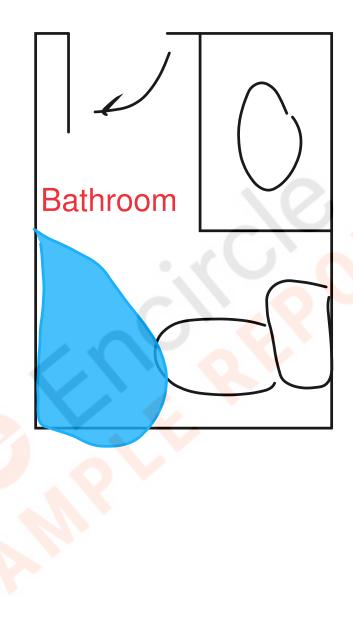


Some damage to baseboard and laminate as seen in photos

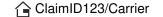
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**SKETCHES:** Bathroom - Affected

Sketch 1



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### Policyholder

Name

Sample1- Call Intake to Mitigation Start

(Jordon Dimitri)

**Phone Number** 5195914369

15 Dawson Road, Peterborough, ON, Canada

Claim Details

Carrier Identifier
ClaimID123/Carrier

**Project Manager** 

Peter Sid

**Insurance Company** 

ACE MUTUAL

Contractor Identifier

Your Reference #1 if app.

Date of Loss Jul 30, 2020

Adjuster

Adrian

**Assignment Identifier** 

Your Reference #2 if app.

**Date Claim Created** 

Jul 30, 2020

**Address** 

**Policy Number** 

12345







Dear Client,

We take the health of our employee(s) and clients very seriously. With the current level of health concerns around Covid-19, we have set forth protocols for our employees to track early signs of illness. Some of these measures may include but are not limited to, taking their temperature, visual signs of flu-like symptoms, and inquires about recent travel. Our staff is monitored daily to prevent the possible spread and to keep everyone safe. We must conduct the same measures for our clients.

Please complete the following:

Are you a front line health care worker during this pandemic? No

Is anyone in the home currently experiencing:

Cough?	No	Headache?	No
Sore Throat?	No	Difficulty Breathing?	No
Runny Nose?	No	Fever?	No

Has anyone in the home, traveled outside of Canada in the last 14 days? No

Has anyone in the home been in contact with anyone who has traveled outside of Canada in the last 14 days? No

Are you currently completing a self-quarantine? No

Has anyone come in contact with anyone in the last 14 days with any signs of illness of cough and or fever, to the best of your knowledge? No

Name: Jd

Address: 123 street Emergency Contact (Cell):

Signature:

Should yes be answered, further measures may be required including but not limited to increased PPE (Tyvek suits, booties, masks, masks/respirators, gloves, eye protection) and/or delay of work.

This document will be held in confidentiality in the job file at First General.

If, at any time during the project, any of the answers to the questions above changes, please notify our project manager at First General immediately.

add a tag line if you like. Page 1 of 1



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### **ACCESS & AUTHORIZATION**

Owner or Company Name: Jordon Demitri Telephone: 5195914369

Property Address: 15155 36 Avenue, Surrey, BC, Canada

Adjuster: Adrian Insurance Co.: ACE MUTUAL

Address:

Claim / Policy No.: 12345 Telephone:

I/We hereby give access to the property above and authorization to **ACE mutual**, for the purpose of making the necessary repairs to the above mentioned property, as a result of Water- Normal Reported Leak from under sink. Appears to be clean from cold water line.. To the best of my knowledge; This property was constructed in the year 2015.

I/We hereby irrevocably direct my/our Insurer to include the name **ACE mutual**, as the payee on any cheque or draft issued in payment of said insurance claim with regards to the building or contents repair, and to send that cheque directly to **ACE mutual**.

I/We hereby acknowledge that I/We am/are responsible for payment to **ACE mutual** of any and all shortfalls in payment from the Insurance Company and/or any authorized extras including the deductible in the amount of \$1,500, GST (if applicable) and any depreciation (if applicable).

REPAIRS WILL BE COMMENCED UPON RECEIPT OF THE ABOVE SIGNED ACCESS AND AUTHORIZATION FORM, TOGETHER WITH PAYMENT OF THE DEDUCTIBLE AND APPROVAL BY THE INSURANCE COMPANY. THIS ACCESS AND AUTHORIZATION DOES NOT CONSTITUTE COVERAGE ON YOUR POLICY UNTIL APPROVAL BY THE INSURANCE COMPANY.

DATED: August 10, 2020 OWNER or COMPANY:

add a tag line if you like.