

FAC 50 – Large Claims Report Effective October 1, 2025 – V 2.0

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Company Number: Type of Claim Number: Type of Claim Summar Date Form Is Completed: Reporting Period Form Pertains To: Completed By:												mmary is Subm	ary is Submitted For:			
											Fraud Indicators Present: (Please explain)					
Optional Benefits:						Endorseme		1011.			Tradu maicators	rieseit. (rieas	e explain)			
List A	II Claimants	s and Types	of Claims Oper	n/Closed for Eac	h:							RSP Membe	r	Company Clair	n Number:	
Initial Report Revision	September 1															
Company Name and Address:												Company Policy Number:				
Company Name and Address:														De	gree of Liability	
Insured Address:														Insured		
														Third Party		
T.P. Liability Limit: Vehicle T	ype:				Policy Effective	Date (mm/dd/y	yyy):	Policy Expiry D	ate (mm/dd/yyyy):	Loss Date (mm/dd/yyyy	/):		Other	%	
													Lar	ge Loss Criteria		
Describe Circumstances of Accider	nt & Liabilit	ty Issues:														
Please Provide Details of the Reser	nue History															
riease riovide Details of the Nesel	ive ilistory.													US	A Claim/Exposure	
Location of Loss (City, Province/Sta	ate):													Exc	luded Driver on Policy	
NOTE: Attach "Summary R	eport" an	nd a FAC 5	1 for each cl	aimant with	pen Accident	Benefits, Bo	dily Injury, Po	assenger Haz	ard, Underinsu	red, or Unin	sured claims with ed	ch report. Provid	e the Paid Loss		Vehicle Type	
						ch Claim Typ	e Even Closed		or Claimants.							
Name of Claimant	FAC 51	Summary				Type of Loss			Third Deate:			Amount t		•		
(1 Claimant + 1 Type of Loss Per Line)	Provided	Provided	Bodily Injury	Passenger Hazard	Physical Damage	Under Insured	Uninsured	Accident Benefits	Third Party Property Damage	Other	Paid Loss	Paid Expense	Reserve Amount	Claim Closed		
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