



## AUTO LOSS REPORT FORM

POLICY NO. \_\_\_\_\_ DATE OF LOSS \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME A.M. P.M.  
DAY MONTH YEAR

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_ PERMISSION GIVEN? YES NO

VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

ACCIDENT LOCATION \_\_\_\_\_

DESCRIBE THE ACCIDENT:

ESTIMATE OF LOSS \$ \_\_\_\_\_

OTHER PARTY INVOLVED: OWNER \_\_\_\_\_ DRIVER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_ PLATE NO. \_\_\_\_\_

INSURERS \_\_\_\_\_ POLICY NO. \_\_\_\_\_

VEHICLE \_\_\_\_\_

POLICE NOTIFIED AT \_\_\_\_\_ ON \_\_\_\_\_

CITY POLICE RCMP OCCURRENCE NO. \_\_\_\_\_

CHARGES LAID YES NO AGAINST INSURED THIRD PARTY

GIVE NAMES AND ADDRESSES OF WITNESSES

THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ARE SUBMITTED AS A CLAIM UNDER THE SAID POLICY.

**GST PURPOSES: IF VEHICLE USAGE IS "SPLIT" BETWEEN FARM/BUSINESS AND PERSONAL, INDICATE THE SPLIT IN PERCENTAGE. PERSONAL USAGE % FARM/BUSINESS %**

***IF THERE ARE INJURIES RESULTING FROM YOUR ACCIDENT AND SGI HAS MADE A PAYMENT, PLEASE CONTACT OUR OFFICE.***

\*\*WE REQUIRE TWO WRITTEN ESTIMATES FOR LOSSES LESS THAN THE SGI PLATE DEDUCTIBLE\*\*

ATTACHED:

- TWO WRITTEN REPAIR ESTIMATES
- REPAIR INVOICE
- SGI APPRAISAL FORM
- SGI PROOF OF LOSS-(ONLY REQUIRED IF YOUR VEHICLE IS A TOTAL LOSS OR YOU TAKE A CASH SETTLEMENT)