



SASKATCHEWAN MUTUAL INSURANCE COMPANY
 279 - 3rd Ave. North
 Saskatoon, Saskatchewan S7K 2H8
 Phone # (306) 653-4232 Toll Free # 1-800-667-3067

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.

DATE _____ SIGNATURE _____

****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)