



HEAD OFFICE: 279-3RD AVE. N. SASKATOON SK S7K 2N8 TOLL FREE # 1-800-667-3067

# AUTO LOSS REPORT FORM

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

DATE OF LOSS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

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

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

VEHICLE YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

SERIAL NO. \_\_\_\_\_ PLATE NO \_\_\_\_\_

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

DESCRIBE THE ACCIDENT \_\_\_\_\_

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

**OTHER PARTY INVOLVED:**

OWNER \_\_\_\_\_ DRIVER \_\_\_\_\_

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

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

VEHICLE \_\_\_\_\_

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

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

**ATTACHED:**

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

LC97 (04/98)

HEAD OFFICE COPY - WHITE

INSURED'S COPY - CANARY

BROKER'S COPY - PINK