



**SASKATCHEWAN MUTUAL
INSURANCE COMPANY**

HEAD OFFICE: 279 - 3rd Ave. N. Saskatoon, Saskatchewan S7K 2H8

Telephone (306) 653-4232

PROPERTY LOSS REPORT FORM

INSURED _____ Policy No. _____

Address _____ Postal Code _____

Business Phone _____ Residence Phone _____

Date of Loss Day _____ Month _____ Year _____ Time _____ AM PM

Briefly describe the damage and how the loss occurred

Estimate of Loss _____

Police were notified at _____ on _____ 20 ____

Loss Payable and/or Mortgage

IMPORTANT - Who (other than you) was responsible for loss or damage?

Name _____ Address _____

Give Names and Addresses of Witnesses

Additional Insurance of \$ _____ WITH _____
(Insurance Company)

The foregoing statements are true and correct to the best of my knowledge, and are submitted as Claim under the said policy.

If Schedule of Loss form(s) are attached, please complete as per instructions.