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.

Date _____ **Signature** _____

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

LC49 (05/02)