



AUTO LOSS REPORT FORM

POLICY NO. _____ DATE OF LOSS _____ | _____ | _____ TIME: _____ A.M. _____ P.M.
DAY MON. 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 NUMBER: _____

CHARGES LAID: YES NO AGAINST INSURED THIRD PARTY

GIVES 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)