Clear Form | Email Form

CLAIM # _____

ADDITIONAL LIVING EXPENSE
CLAIM FOR EXTRA MILEAGE INCURRED

DATE Day/Mon./Yr.	Odometer Reading			DESTINATION	PURPOSE OF TRIP
	OUT	IN	# of Km.'s		
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LC105 (05/18)

INSURED'S SIGNATURE _____

279 3rd Ave N., Saskatoon, Saskatchewan ▪ S7K 2H8 ▪ PH (306) 653-4232 ▪ FX (306) 934-6889
e-mail: claims@saskmutual.com