



PROPERTY LOSS REPORT FORM

INSURED

Policy No.

Address

Postal Code

Business Phone

Residence Phone

Cell Phone

Email

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.

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