



# LOSS REPORT FORM

PROPERTY

AUTOMOBILE

SNOWMOBILE

BROKER	_____	POLICY NO.	_____
INSURED NAME	_____	DOB (D/M/Y)	_____
ADDRESS	_____		
SPOUSE'S NAME & MAIDEN NAME	_____	DOB (D/M/Y)	_____
PHONE - HOME	_____	CELL	_____
EMAIL ADDRESS:	_____		

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM. Where did loss occur? \_\_\_\_\_  
(D/M/Y)

Automobile/Snowmobile: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Briefly describe the damage and how the loss occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Estimate of loss \$ \_\_\_\_\_

Police were notified at \_\_\_\_\_ on \_\_\_\_\_

Loss Payable, Mortgagee and/or Lienholder \_\_\_\_\_

**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 a Claim under the said policy.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(D/M/Y)



## SCHEDULE OF LOSS

Please Complete in Ink Pen

Name \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Date of Loss \_\_\_\_\_

If "Replaced" - Attach Receipt and Mark "X" here

Page \_\_\_\_ of \_\_\_\_ Pages

	1. Description (make, model, size, etc.)	2. Where Purchased	3. When	4. Original Cost	5. Replacement Cost	X	Depreciation	Actual Cash Value	Replacement Cost	Difference +/-
← Complete these columns →						← For Office Use Only →				
1										
2										
3										
4										
5										
6										
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17										
18										
19										
Totals:										

All Named Insureds Must Sign

**Any person who, fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions of their policy. This would lead to the denial of the entire claim.**

*Please attach any cancelled checks, original bills, receipts, warranty cards, owners' manuals, pictures, etc. to substantiate the missing and/or damaged property.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Insured

\_\_\_\_\_ Signature of Insured