



Policy # _____

Date: _____

Dear Sir or Madam:

Further to our conversation regarding the theft of your property please note that we will need more information prior to proceeding with your claim. Please complete the following in precise details so that we can get a complete understanding of the events that lead to this theft and assist us in processing your claim promptly.

INSURED:

Full Name of Insured(s): _____

Date of birth (year/month/day) _____

Unnamed insured's (e.g.: spouse, common-law) _____

Unnamed insured's date of birth (year/month/day) _____

DETAILS OF LOSS:

Date of Loss _____ Loss Location _____

Time: _____ Where were you at the time? _____

Was the item(s) locked up? _____

If yes, how did they manage to get to the items? _____

When did you first notice the theft? _____

Your Occupation _____

Unnamed insured's Occupation _____

Were any of the items used in connection with your occupation and if so which ones?

Any other pertinent details surrounding the theft that we should know about:

Was there property damage (e.g. door kicked in, locks, vandalism, etc): YES / NO

If yes, provide details _____

If yes, please forward pictures of the damaged areas & repair quotes to address this damage.

STATEMENT:

Write an account of what has happened in the space provided below to provide specific details of the event that lead to the claim, what has occurred since, and the damage(s) noted (use addition page(s) if needed):

Signed on _____ by _____
Date Print & Sign

POLICE REPORT:

Please note that all theft claims must be reported immediately to the local detachment in order to receive consideration from our office. Please advise:

Name of responding officer _____
Police report number _____
Detachment reported to (name of detachment & mailing address)

Please continue to check with the police on a regular basis regarding recovery of your stolen item(s). If items are recovered or returned please advise your adjuster promptly of this information.

PROPERTY STOLEN & INSTRUCTIONS:

For all missing contents please complete the attached Schedule of Loss form, refer to the Completing The Schedule of Loss form for further instructions. **If columns 1 – 5 are not completed in full, they will be sent back for proper completion.** Please forward this form, the completed Schedule of Loss form and the signed Communications Checklist for our review.

Please be prepared to provide any original bills or receipts, warranty cards, owner's manuals, pictures, etc. to substantiate the missing and/or damaged property. These may be requested from you upon review of your Schedule of Loss.

Please sign & complete all forms in full & forward to your adjuster or to hello@MyMutualInsurance.ca.

Thank you for your prompt attention to these documents and for returning these to our office to process your claim promptly.

Enclosure: Schedule of Loss form(s) / Completing The Schedule of Loss Form
Communications Checklist / Blank Proof of Loss Form.