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SASKATCHEWAN MUTUAL INSURANCE COMPANY
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AUTO LOSS REPORT FORM

POLICY NO. [] DATE OF LOSS [1][]/[][]/[][] TIME [] A.M. [] P.M.
DAY MONTH 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 NO. []

CHARGES LAID [] YES [] NO AGAINST [] INSURED [] THIRD PARTY []

GIVE 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.

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)