



Print

Save

Email

Clear Form

HEAD OFFICE: 279-3RD AVE. N., SASKATOON SK S7K 2H8 TOLL FREE # 1-800-667-3067

AUTO LOSS REPORT FORM

POLICY NO. _____ DATE OF LOSS 1 / _____ / _____
DAY MONTH YEAR

NAME _____ ADDRESS _____

CITY/TOWN _____ POSTAL CODE _____

TELEPHONE _____ HOME _____ BUSINESS _____

NAME OF OPERATOR _____ Relationship to Insured _____

VEHICLE YEAR _____ MAKE _____ MODEL _____

SERIAL NO. _____ PLATE NO. _____

ACCIDENT LOCATION _____

DESCRIBE ACCIDENT

ESTIMATE OF LOSS \$ _____

POLICE OCCURRENCE # _____

OTHER PARTY INVOLVED:

OWNER _____ DRIVER _____

ADDRESS OF OWNER _____ PLATE NO. _____

INSURERS _____ POLICY NO. _____

VEHICLE _____

THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ARE SUBMITTED AS A CLAIM UNDER THE SAID POLICY.

***WE REQUIRE TWO WRITTEN REPAIR ESTIMATES FOR LOSSES LESS THAN THE MPI PLATE DEDUCTIBLE**

ATTACHED:

- TWO WRITTEN REPAIR ESTIMATES
- REPAIR INVOICE
- MPI APPRAISAL FORM
- MPI PROOF OF LOSS - (ONLY REQUIRED IF YOUR VEHICLE IS A TOTAL LOSS OR YOU TAKE A CASH SETTLEMENT)