



PROOF OF LOSS - OTHER

This form is provided to comply with the Insurance Act and without prejudice to the liability of the insurer.

I.B.C. CLAIM FORM NO. 7
4-73
ClaimNumber

INSURER: My Mutual Insurance

INSURED: under Policy No. in force until against loss or damage by to the amount of dollars according to the terms and conditions printed therein, including all forms and/or endorsements attached thereto and forming part thereof.

TIME AND ORIGIN: A loss occurred on at caused by

LOCATION: The said loss occurred at

POLICE: Authorities at were notified on

CHANGES: Since the above policy was issued there has been no change in use, possession, location or exposure of the property described, except:

TITLE AND INTEREST: At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon except

INSURANCE AND LOSS: A particular account of the loss is attached hereto and forms part of this proof. The actual cash value of the property insured, the actual amount of loss or damage, the total insurance thereon at the time of the said loss and the amount claimed under this policy are as follows:

Table with 7 columns: Item Involved, Replacement Cost, Cash Value, Total Loss or Damage, Total Insurance, Amount named in this policy, Claimed Under this policy. Includes a Totals row.

OTHER INSURANCE: There is no other contract of insurance written or oral, valid or invalid except

The said loss or damage did not occur through any willful act, neglect, procurement, means or connivance of the Insured or this declarant.

Payment of this claim to is hereby authorized and in consideration of such payment the Insurer's discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in any salvage is hereby assigned to the Insurer.

I, do solemnly declare that the forgoing claim and statements are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

DECLARED severally before me at

(Day, Month, Year)

PolicyName3

Commissioner for Oaths in and for the Province of Saskatchewan

Additional Insured Name

