



830 Pandora Avenue. Victoria. BC V8W 1P4 T: 250.388.5555 F: 250.388.5959

Claim Report (Page 1 of 2)

Date of Loss: _____ Location: _____

Type of Loss: _____

Date Reported: _____

Insured(s): _____

Address: _____

Tel. Home (____) _____ Work (____) _____ Cell (____) _____

Policy No. _____ Expiry Date: _____

Insurer _____

Police File No. _____ Jurisdiction: _____

Estimated Amount of Loss: _____

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Particulars / Statement of Loss

The foregoing is the statement of the Insured(s)

Date: _____

Signature of Insured(s) _____ Witness: _____