



## **COMPLETING THE SCHEDULE OF LOSS**

In the claim process to make a claim for belonging/contents a Schedule of Loss form must be completed. We ask that you fill in the attached form and return before placing your contents. By fully completing columns 1 through 6 will be beneficial in expediting your claim. If the columns are not completed in fully, they may be returned for proper completion.

Simple instruction when filling out the attached Schedule of Loss:

1. Item (Description) – list the item in as much detail as possible. (Make, Model, Size, Serial number, Brand and Special Features).
2. Where Purchased – enter the name of the store, dealer or person from whom this item was bought. If any items are a gift, note from whom.
3. When Purchased – If you cannot recall the exact date, the month and year will be adequate.
4. Original Cost – means the actual cost at the time of purchase
5. Replacement Cost – today's cost to replace this item with one of the same like and kind in quality.
6. If more than one page is used, please number each page consecutively.
7. Please attached any original invoices, receipts, warranty cards, pictures to substantiate the missing and or damaged property.
8. Please note that all ***named insured must date and sign these forms.***

**IN ORDER TO RECEIVE REPLACEMENT COST ON YOUR CONTENTS,  
ITEMS MUST BE REPLACED WITH 180 DAYS FROM THE DATE OF LOSS.**

11/20

Germania Mutual Insurance | 139 Kaiser William Ave E. Box 477 | Langenburg, SK | S0A 2A0 |  
Ph: 306-743-5363 | [www.germaniasask.ca](http://www.germaniasask.ca)

# Schedule Of Loss

PROVIDED WITHOUT PREJUDICE



Name: J & J Doe

Claim No. 123451001

Date of Loss: Jan. 10, 2020

Note: This form is to be used by the party submitting an insurance claim. Please complete all columns "IN INK"

Page # \_\_\_\_\_

No.	Quantity	Item Description	Brand Make	Purchased Where	Date of Purchase (Year)	Original Price	Office Use Only		
							Depreciation	Actual Cash Value	Replacement Cost
1	1	55" LED Smart TV	Sony	Walmart	15-Nov-19	899.99			
2	1	Leather Couch	Palliser	Leons	Apr-15	1299.99			
3	1	End Table (Solid Wood) one drawer	Ashley	Leons	Apr-15	129.99 each			
4	1	End Table (Solid Wood) one drawer	Ashley	Leons	Apr-15	129.99 each			
5	1	Area rug (8" x 10")	Ikea	Ikea	May-16	99.99			
6	1	Video game console	Playstation	Walmart	Dec-19	349.99			
7	1	Video games - Madden 2019	Playstation	Walmart	Dec-19	69.99			
8	1	DVD - Game of Thrones		Gift - Susan	Dec-18	79.99			
9	1	6" Cordless Drill	Black and De	Canadian Tire	Feb-16	59.99			
10	1	Ladies Winter Jkt	Columbia	Sport Chek	Jan-18	299.99			
11									
12									
13									
14									
15									

Any person who fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions or their policy. This would lead to the denial of the entire claim.

Date \_\_\_\_\_

Please attach any cancelled checks, original bills, receipts, pictures etc. To substantiate the missing and or damaged property.

Signature of Insured \_\_\_\_\_

Signature of Insured \_\_\_\_\_

# Schedule Of Loss

PROVIDED WITHOUT PREJUDICE



Name: \_\_\_\_\_

Claim No. \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Note: This form is to be used by the party submitting an insurance claim. Please complete all columns "IN INK"

No.	Quantity	Item Description	Brand Make	Purchased Where	Date of Purchase (Year)	Original Price	Office Use Only			Difference
							Depreciation	Actual Cash Value	Replacement Cost	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Any person who, fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions of their policy. This would lead to the denial of the entire claim.

Please attach any cancelled checks, original bills, receipts, pictures etc. To substantiate the missing and or damaged property.

Date \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Signature of Insured \_\_\_\_\_