

Proof of Loss (Other Than Fire)

This form is provided to comply with the Insurance Act, where required, and without prejudice to the liability of the Insurer.

Insurer: **Germania Mutual Insurance Company**

Claim No. _____

Insured: _____
Name Address

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 the ___ day of ___ at _____ a.m. p.m. caused by:

Location: The said loss occurred at: _____

Police: Authorities at: _____ were notified on the _____ day of _____ 20 ____.

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:

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

Goods & Services Tax: The amount claimed should be net of recoverable GST

Is the Insured registered for GST? Yes No

If the answer is YES, please state: a) Registration Number: _____ b) Percent Recoverable: _____

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:

<u>Item Involved</u>	<u>Replacement Cost</u>	<u>Cash Value</u>	<u>Total Loss of Damage</u>	<u>Total Insurance</u>	<u>Amount Named in This Policy</u>	<u>Claimed Under This Policy</u>
Totals						

Other Insurance: There is no other contract of insurance written or oral, valid or invalid, except (Insurers and amounts):

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 is 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 foregoing 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.

Declared severally before me at _____ this _____ day of _____ 20 ____

X _____ Insured

X _____ Insurer

X _____
 Commissioner of Oaths or Affidavits in and for the Province of Saskatchewan