



139 Kaiser William Ave. E.
Box 477
Langenburg, Sk. S0A 2A0

Policy # _____

Date: _____

Dear Insured:

As follow up to our conversation regarding the theft of your property please note that we'll need more information prior to proceeding with your claim. Please complete the following in detail so that we can get an understanding of the events that led to this theft and assist us in processing your claim quickly.

Insured:

Full Name of Insured(s): _____

Your Occupation: _____

Date of Birth (dd/month/year): _____

Unnamed insured's (e.g.: spouse, common-law): _____

Detail of Loss:

Date of Loss: _____ Loss of Location: _____

Time: _____ Where were you at the time of Theft? _____

Was the item(s) locked up? (Y or N) _____

If Yes, how did they manage to get to the items? _____

When did you first notice the theft? _____

Were any of the items used in connection with your occupation and if so which ones?

Any other pertinent details surrounding the theft that we should be aware of?

Was there property damage (e.g. door kicked in, locks, vandalism): Yes No

If yes, provide details _____

If yes, please forward pictures of the damaged areas & repair quotes to address this damage.

Statement: Write an account of what happened in the space provided below:

Police Report:

Please note that all claims must be reported immediately to the local detachment in order to receive consideration from our office. Please advise:

Name of responding officer: _____

Police Report #: _____

Detachment Location: _____

Property Stolen & Instructions:

For all missing contents please complete the attached Schedule Loss form. We ask that columns, 1-6 are completed, if they are not, we will send back for proper completion. Please forward this form and the completed Schedule of Loss form for our review. These documents can be emailed to tracey@germaniasask.ca.

You maybe be asked to provide original bills or receipts, warranty cards, owner's manuals, pictures, etc. to substantiate the missing and or damaged property. These may be requested from you upon review of your Schedule of Loss.

Please send complete forms to tracey@germaniasask.ca.

Thank you for returning these to our office, we will now move forward in reviewing your claim.