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COMPLETING THE SCHEDULE OF LOSS FORM

The replacement cost Schedule of Loss form has been designed to assist you in the settlement of your claim.

By fully completing columns 1 through 5, it will be beneficial in expediting your claim. If these columns are not completed in full, they will be returned for proper completion. Note that all named insured's must date and sign these forms.

1. Item (Description) – List the item in as much detail as possible. Make, model, size, etc. (i.e. – 32" Sony LCD Color TV)
2. Where Purchased – Enter the name of the store, dealer or person from whom this item was bought. If any items were a gift, list from whom (name and address).
3. When Purchased – If you cannot recall the exact date, the month and year will be adequate.
4. Original Cost – Purchase Price – The actual cost at the time of purchase.
5. Replacement Cost – Today's cost to replace this item with one of the same kind and quality.

If more than one page is used, please number each page consecutively. Once you have replaced the item, write on the receipt or bill the corresponding page and item number as shown on the Schedule of Loss form (i.e. – page 3 item 6) before submitting.

IN ORDER TO RECEIVE REPLACEMENT COST ON YOU CONTENTS, ITEMS MUST BE REPLACED WITHIN 180 DAYS FROM THE DATE OF LOSS!

SCHEDULE OF LOSS

Please Complete in Ink Pen



Name _____
 Claim No. _____
 Date of Loss _____

If "Replaced" - Attach Receipt and Mark "X" here

Page _____ of _____ Pages

1	2. Where Purchased	3. When	4. Original Cost	5. Replacement Cost	X	Depreciation	Actual Cash Value	Replacement Cost	Difference +/-	
	Complete these columns									
1										
2										
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Totals:										

All Named Insureds Must Sign

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, warranty cards, owners' manuals, pictures, etc. to substantiate the missing and/or damaged property.

Date

Signature of Insured

Signature of Insured