

# Proof of Loss

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

Insurer: <b>Intact Insurance Company</b>		Claim No.:	
Insured:		Address:	
Under Policy No.:	in force until:	against damage or loss by:	to the amount of : \$

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 <i>(month/day/year)</i> :	at:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	caused by:
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## LOCATION

The said loss occurred at:	Province:
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## OCCUPANCY

The building insured or containing the property insured was occupied for no other purpose than the following:

## POLICE

Authorities at:	were notified on <i>(month/day/year)</i> :
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## 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 has 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 AND SERVICES TAX**

*The amount claimed should be net of recoverable Goods & Services Tax (GST) and/or Provincial Sales Tax (PST).*

Is the Insured registered for GST and/or PST?  Yes  No *If the answer is YES, please state:*  
 a) Registration Number | b) Percentage 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:

Item Involved	Replacement Cost \$	Cash Value \$	Total Loss or Damage \$	Total Insurance \$	Amount named in this policy \$	Claimed under this policy \$
<b>Totals:</b>						

**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 wilful act, neglect, procurement, means or connivance of the Insured or the person or persons making this declaration.

The insurer is authorized to pay this claim to:

In consideration of such payment the Insurer is discharged forever from all further claims 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 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:	on (month/day/year):	Commissioner for Oaths or Affidavits:
Insured:	Insured:	

