## 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.



Insurance Company

CLAIM:

INSURER	Alberta	a Motor Asso	ciation Insuran	ce Company	,	
UNDER POLICY	′ NO		in force	until		
	terms and cond		to the an to the			Dollars ached thereto and
TIME AND ORIO	GIN: A loss occu	irred on the	_ day of		,20, at	M, caused by
LOCATION: The	e said loss occu	rred at				
POLICE Authori	ties at		were notified on	theday of		20
unconditional ov	vnership and n	o other persor		any interest th		cribed was sole and ncumbrance thereon
	•	•	I there has been n	-	•	cation or exposure o
cash value of the	e property insur	ed, the actual a		lamage, the tot		his proof. The actua eon at the time of the
Item Involved	Replacement Cost	Cash Value	Total Loss or Damage	Total Insurance	Amount Name in this policy	
<u>TOTALS</u>						
OTHER INSURA	ANCE: There is	s no other con	tract of insurance	e written or ora	al, valid or invalio	d except (Insurers &
The said loss of insured or this de		ot occur throu	gh any wilful act,	neglect, procu	urement, means o	or connivance of the
hereby authorize reason of the sa	ed and in consi id loss or dama zed to bring ac	deration of suc ge. All rights to tion in the insu	p recovery from a	surer is dischany other persor	n are hereby trans	is n all further claim by sferred to the Insure a and interest in any
l,						
						id belief true in every

same force and effect as if made under oath.

DECLARED severally before me at

This\_\_\_\_\_day of \_\_\_\_\_\_ 20\_\_\_\_\_

(Insured)

## SCHEDULE OF LOSS

DESCRIPTION OF PROPERTY	WHEN AND WHERE PURCHASED	ORIGINAL COST	REPLACEMENT COST	DEPRECIATION	AMOUNT CLAIMED	
TOTALS	1					
DEDUCTIBLE						
NET CLAIM						

## APPORTIONMENT OF LOSS

Insurer	Policy No.	Insures	Pays
	L		
TOTALS			