

AUTOMOBILE PROOF OF LOSS

IBC CLAIM FORM NO. 2

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

CLAIM NO. _____

AGENT/BROKER _____

INSURER: _____ under Policy No. _____

INSURED: _____

Name

Address

under Policy No. _____ in force until _____

against loss or damage to the vehicle described below which is licensed in the name of and owned by the Insured, according to the province of the policy.

Year, Make, Model _____

Serial No. _____ License Plate No. & Province _____

Purchased on _____ from _____ for \$ _____

The loss or damage occurred on the _____ day of _____, YYYY, about the hour of _____ o'clock, _____ M

at _____

caused by _____

Police at _____ were notified on the _____ day of _____, YYYY

During the term of the policy there has been no other insurance, valid or invalid, on the vehicle, and no person, firm, or corporation, other than the Insured, has had any interest therein, and there is no lien, chattel mortgage, or conditional sales agreement thereon, except:

GOODS AND 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 _____

The total amount of loss or damage so caused is _____ \$

Deductible _____ \$

The total amount claimed of the Insurer in respect of the loss or damage is: _____ \$

The loss or damage did not occur through any wilful act or neglect, procurement, or connivance of the Insured or this declarant, neither is there included in this claim any amount for anything which was not lost or damaged and owned by the Insured at the time of the occurrence.

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 the vehicle or any part or equipment thereof is hereby transferred to the Insurer only in the event that this claim is based upon the whole value of the vehicle because it has been lost, destroyed or damaged beyond economical repair and the Insured agrees immediately to notify the Insurer in the event of its recovery.

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 _____

_____, YYYY
Date

Commissioner for Oaths or Affidavits

Insurer

NOTE: if a company or partnership, indicate
Declarant's position or title