

# PROOF OF LOSS (Other than Fire) - INTERIM

IBC Claim Form No. 8A

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

CLAIM NO. \_\_\_\_\_

INSURER \_\_\_\_\_

INSURED  
Name \_\_\_\_\_ Address \_\_\_\_\_

under Policy No. \_\_\_\_\_ in force until \_\_\_\_\_

against loss or damage by \_\_\_\_\_ to the amount of \_\_\_\_\_ Dollars  
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 the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, caused by \_\_\_\_\_

LOCATION: The said loss occurred at \_\_\_\_\_

POLICE: Authorities at \_\_\_\_\_ were notified on the \_\_\_\_\_ day of \_\_\_\_\_

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 had 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 GST.  
Is the Insured registered for GST?  Yes  
If the answer is YES, please state: a) Registration number \_\_\_\_\_ b) Percent 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 this declarant.

Payment of this claim to \_\_\_\_\_  
is hereby authorized.

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 \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_  
Date \_\_\_\_\_ Insured \_\_\_\_\_

**SCHEDULE OF LOSS**

| DESCRIPTION OF PROPERTY | WHEN AND WHERE PURCHASED | ORIGINAL COST |  | REPLACEMENT COST |  | DEPRECIATION |  | AMOUNT CLAIMED |  |
|-------------------------|--------------------------|---------------|--|------------------|--|--------------|--|----------------|--|
|                         |                          |               |  |                  |  |              |  |                |  |
|                         |                          |               |  |                  |  |              |  |                |  |
| <b>TOTALS</b>           |                          |               |  |                  |  |              |  |                |  |
| <b>DEDUCTIBLE</b>       |                          |               |  |                  |  |              |  |                |  |
| <b>NET CLAIM</b>        |                          |               |  |                  |  |              |  |                |  |

**APPORTIONMENT OF LOSS**

| Insurer       | Policy No. | Insures | Pays |
|---------------|------------|---------|------|
|               |            |         |      |
| <b>TOTALS</b> |            |         |      |