

**ClubPac Small Claim
PROOF OF LOSS**

SIMMLANDS INSURANCE BROKERS LTD.

480 University Avenue, Suite 1100, Toronto, Ontario M5G 1V2

FAX: 416- 865-0834

PHONE: 416-865-1881

Insured: _____

Address: _____

Contact: _____ **Tel. No.** _____

Fax: _____ **E-mail:** _____

Policy # : _____ **Expiry Date:** _____

Coverage Applicable: _____

Deductible: _____ **Date of Loss:** _____

Police Officer: _____ **Badge # :** _____

Division: _____ **Tel #** _____ **Occ. #** _____

Details of Loss: _____

[Attach detailed information statements when necessary]

Third Party Name: _____

Address: _____

Phone Numbers _____

Fax: _____ **E-mail:** _____

List of Lost, Stolen or Damaged Items

	Replacement Cost	Depreciated Value	Repair Cost
Deductible:			
Net Totals:			

Total Claim \$ _____

GST is recovered through the tax credit system and should not be included in your claim.

PLEASE SIGN AND RETURN THIS FORM ALONG WITH THE APPROPRIATE COPIES OF INVOICES &/OR ESTIMATES SUPPORTING THE CLAIMED AMOUNTS.

Date: _____ **Signature:** _____

COMPANY USE ONLY:
 Fire Bldg. Fire Cts. Weather V.M.D. Theft Other _____

Name	Percentage	Amount
ACE-INA		\$
AIG		\$
ZURICH		\$
GCAN		\$
JEVCO		\$
PREMIERE		\$
TOTAL	100%	\$