Lombard Canada®

NOTICE OF LOSS

Name of Company		Claim Number
Name of Insured		Policy Number
Date of Loss	Time of Loss	Reported to Police ☐ Yes ☐ No
If "Yes", What Police Station?		Police Complaint Number, if known

State how, when and where loss occurred:

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Schedule of Items and Amount Claimed (Use reverse side for more space)

No. of Articles	Nature and description of Articles Model and serial no. if available	From whom purchased and address, if known	Date Purchased	Original Cost	Cost to Replace	*Agreed Loss
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				

* To be completed by Adjuster

I/We the undersigned, hereby state that the foregoing information is true and correct to the best of my/our knowledge and belief and that no material information has been withheld.

....

Date Signature of Insured Signature of Insured

Schedule of Items and Amount Claimed

No. of	Nature and description of Articles	From whom purchased and	Date	Original	Cost to	*Agreed

Articles	Model and serial no. if available	address, if known	Purchased	Cost	Replace	Loss
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				
		Name Address				

* To be completed by Adjuster

I/We the undersigned, hereby state that the foregoing information is true and correct to the best of my/our knowledge and belief and that no material information has been withheld.

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Date Signature of Insured Signature of Insured