le Groupe Estrie-Richelieu
COMPAGNIE D'ASSURANCE

SCHEDULE OF LOSS

Page _____

File _____

# Item	TO BE COMPLETED BY THE INSURED						TO BE COMPLETED BY ADJUSTER			
	Qty	Item description (Make, model, size, color, serial no, etc.)	Purchased from	Date purch.	Purch. price	Replacement cost	Amount accepted	% Dép.	Actual cash value	Actual replac. cost
			Total							

IMPORTANT : In order to permit us to give you a rapid and equitable settlement of your claim, it is essential that you adequatly complete your list and provide us with all supporting evidence to justify your claim. Any deceitful representation entails the loss of the right of the person making it to any indemnity in respect of the risk to wich the representation relates.
I confirm that the above list is exact and complete. I authorize all enterprises or persons to provide my insurer or his representative all the usefull information concerning the above articles.
A photocopy of the present authorization will be considered as the original.

Completed by _____ (Printed letters) Signed by _____ (insured) _____ (Date)

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