



**PROOF OF LOSS (other than fire)**

BCAA Insurance, 4567 Canada Way, Burnaby, B.C. V5G 4T1 • Tel: 604.268.5260 • bcaa.com/claims

THIS FORM IS PROVIDED TO COMPLY WITH THE INSURANCE ACT, WHERE REQUIRED, AND WITHOUT PREJUDICE TO THE LIABILITY OF THE INSURER.

Insurer: BCAA Insurance Corporation	Claim No:
Insured:	Address:

Under Policy Number \_\_\_\_\_ in force until \_\_\_\_\_ against the 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 \_\_\_\_\_, \_\_\_\_\_, caused by \_\_\_\_\_.

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

**OCCUPANCY:** The building insured or containing the property insured was occupied for no other purpose than the following -

**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 described property, except \_\_\_\_\_

**INSURANCE AND LOSS:** A particular account of the loss is attached hereto and forms part of this proof. The replacement cost of the property insured, actual cash value of the property insured, the actual amount of the loss or damage, the total insurance thereon at the time of the said loss and the amount claimed under the policy are as follows:

Item Involved	Replacement Cost	Cash Value	Total Loss or Damage	Total Insurance	Amount Named	Amount Claimed
TOTAL						

**OTHER INSURANCE:**

There is no other contract of insurance written or oral, valid or invalid, except \_\_\_\_\_

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 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 any salvage is hereby assigned to the Insurer.

I / We, \_\_\_\_\_ do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I/we 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured