



STATEMENT OF CLAIM

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

POLICY NO.	CLAIM NO.
Name of Insured	
Address	Residence Tel No.
	Business Tel No.
Date of Loss (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Where did loss or damage occur?	
How was the loss or damage caused?	
If the property was stolen, give the date and police detachment/office notified	Case No.
Are you the sole owner of the lost or damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: are any of the lost or damaged articles used in the course of your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe articles lost or damaged (make, model, serial no.) Attach proof of ownership	When and where purchased	Original Price Paid	Cost to Replace	Proof of Ownership Attached N/Y?

TOTAL _____

DEDUCTIBLE _____

NET CLAIM _____

This is not an authorization for repair or replacement of items described

***NOTE: PLEASE RETURN ORIGINAL FORM TO CLAIMS DEPT.**

I have completed the form truthfully to the best of my knowledge. Misrepresentation or exaggeration of any portion of this claim may result in voiding the entire claim.

SIGNATURE OF INSURED

DATE