

2024458

Company Name:

Automobile Proof of Loss

This form is provided to comply with the Insurance Act and without prejudice to the liability of the Insurer.

THE INSURER UNDER POLICY NO.

INSURED
Name Address

against loss or damage to the vehicle described below which is licensed in the name of and owned by the said insured, according to the provisions of the policy.

Year, Make, Model Lamborghini Serial Odometer

Purchased on Mar from for \$

The loss or damage occurred on the 6 day of Year about the hour o'clock .. M.

at round, couple hundred meter away from exit 'Morningside Ave'

caused by

Police a were notified on the day of Yes

During the term of the above described policy there has been no other insurance, valid or invalid, on the said vehicle, and no person, firm, or corporation, other than the Insured, has had any interest therein, and there is no lien, chattel mortgage, or conditional sales agreement thereon, except:

.....

The amount claimed should be net of recoverable HST. (Are you registered for HST?) Yes No

If the answer is yes, please state: a) Registration No. b) Percent Recoverable

The total amount of loss or damage so caused is \$

Deductible \$

The total amount claimed of the said Insurer in respect of the loss or damage is \$

The said loss or damage did not occur through the wilful act or neglect, procurement or connivance of the Insured or this declarant, neither is there included in this claim any amount for anything which was not lost or damaged and owned by the Insured at the time of the said occurrence.

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 the said vehicle or any part or equipment thereof is hereby transferred to the Insurer only in the event that this claim is based upon the whole value of the said vehicle because it has been lost, destroyed or damaged beyond economical repair and the Insured agrees immediately to notify the Insurer in the event of its recovery.

..... the insured

do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I 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, and by virtue of the Canada Evidence Act.

DECLARED before me at Toronto

Oct 09 2024 Date

Insured

Commissioner for Oaths in and for the Province of
JOSEPH JOHN FAUST
Barrister, Solicitor and Notary Public

Note: If a company or partnership indicate declarant's capacity or title.

CLG313-HST (06/10) Tel: 416-409-2071
Add: 87 Legends Way, Markham, ON. L3R 5Z9