

## LIST OF PROPERTY

| TO BE COMPLETED BY THE INSURED AND/OR THE CLAIMANT |     |                |               |                  |                   |                                    |   |                       |
|--|-----|----------------|---------------|------------------|-------------------|------------------------------------|---|-----------------------|
| DESCRIPTION  |     |                |               | DATE OF PURCHASE | PLACE OF PURCHASE | UNIT REPLACEMENT VALUE WITHOUT TAX | PROOF INCLUDED<br><small>Select your choice</small> | REPLACEMENT INTENTION |
| No.  | NBR | NAME AND MODEL | SERIAL NUMBER |                  |                   |                                    |   |                       |
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\_\_\_\_\_  
Name of the Insured and/or the Claimant:

\_\_\_\_\_  
Date

Policy: \_\_\_\_\_

Damages sustained on: \_\_\_\_\_

Claims: \_\_\_\_\_

Page: \_\_\_\_\_ of: \_\_\_\_\_

