

LIST OF PROPERTY

TO BE COMPLETED BY THE INSURED AND/OR THE CLAIMANT							
DESCRIPTION				DATE OF PURCHASE	PLACE OF PURCHASE	UNIT PRICE PAID WITHOUT TAX	PROOF INCLUDED Select your choice
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 : _____

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