

**CONFIRMATION OF SETTLEMENT – REPLACEMENT INSURANCE**

**PARTIAL LOSS**

Please complete in block letters

Date opened:	_____	
Date of total loss:	_____	
Dealer:	_____	
Contact person for claim:	_____	
Dealer's telephone no.:	_____	Fax: _____
Client's name:	_____	Tel.: _____
Certificate no.:	_____	

**Please fax documents to: 1 866 213-2103 or 418 641-4357**

<input type="checkbox"/>	Copy of replacement insurance
<input type="checkbox"/>	Insurer's repair appraisal
<input type="checkbox"/>	Copy of repair invoice
<input type="checkbox"/>	Copy of our original parts reimbursement form (if applicable)
<input type="checkbox"/>	Copy of short-term rental (courtesy) contract – maximum \$1,500
<input type="checkbox"/>	Copy of client's insurance policy (not to be confused with wallet-size proof of insurance generally kept in vehicle)
<input type="checkbox"/>	Copy of insurer's proof of payment

AMOUNT ALLOCATED FOR REIMBURSEMENT OF DEDUCTIBLE – MAXIMUM \$250		
AMOUNT ALLOCATED FOR ORIGINAL PARTS: - Maximum \$1,500 per event for all contracts signed prior to September 1, 2012 - No limits for all contracts signed prior to September 1, 2012	+	
VEHICLE RENTAL – MAXIMUM \$1,500	+	
CHEQUE TO ISSUE TO DEALERSHIP	=	

Reduction of indemnity by primary insurer for reason other than deductible? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify the following: Reduced indemnity amount: \$ _____ Reason: _____
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\_\_\_\_\_  
SIGNATURE OF CONTACT PERSON FOR CLAIM

\_\_\_\_\_  
DATE

IF THIS FORM IS NOT SIGNED OR DATED, THE CLAIM CANNOT BE PROCESSED.