

Claims – Replacement insurance

Consent pursuant to the Act respecting the protection of personal information in the private sector

Insured: _____
Primary insurer: _____
- Policy number: _____
- File number: _____
Date of loss: _____
Type of loss: _____

I, the undersigned, authorize my automobile insurer specified above to disclose all information pertaining to my claim file to the insurance company La Capitale General Insurance or its legal representative.

I agree to the information obtained being used by the insurance company La Capitale General Insurance to determine the eligibility of my claim. All information obtained will remain confidential and will not be disclosed to any other person or organization.

A photocopy of this consent is considered as valid as the original.

Signed at: _____ (place), on
_____ (date)
Insured's signature: _____
Signature of additional insured(s): _____