

REPLACEMENT INSURANCE CLAIM

USED VEHICLE - TOTAL LOSS

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

PLEASE FAX THE FOLLOWING DOCUMENTS TO 418 641-4357 OR 1 866 213-2103

<u>DOCUMENTS TO SUBMIT TO LA CAPITALE FOR APPROVAL</u>	
<input type="checkbox"/>	Copy of replacement insurance
<input type="checkbox"/>	Claim issued by insurer
<input type="checkbox"/>	Copy of client's insurance policy (Not to be confused with pink cards, cover notes and insurer's confirmations)
	<u>For the scrapped vehicle</u>
<input type="checkbox"/>	Copy of purchase or lease contract and worksheet
<u>DOCUMENTS TO SUBMIT FOR SETTLEMENT</u>	
	<u>For the replacement vehicle</u>
<input type="checkbox"/>	Replacement quote
<input type="checkbox"/>	Copy of purchase and financing or lease contract and worksheet
<input type="checkbox"/>	Copy of cheque issued by insurer
<input type="checkbox"/>	Confirmation of transfer of ownership to insurer
<input type="checkbox"/>	Copy of ATAC form plus new vehicle registration
	<u>For rental vehicle reimbursement</u>
<input type="checkbox"/>	Copy of detailed short-term rental (courtesy) contract with signature (max. \$1,500)

CONTACT INFORMATION	
625 Jacques-Parizeau St P.O. Box 17100 Quebec QC G1K 9E2	
Telephone: 1 855 747-7820 418 747-7820	
Fax: 1 866 213-2103 418 641-4357	
Email: fpq5@service-indemnisation.com	

Note: These standard procedures apply in most cases. Other documents may be required on a case-by-case basis. Payment of taxes may vary depending on the type of transaction.