

REQUISITION FOR ORIGINAL REPLACEMENT PART(S)

- ATTACH COPY OF THE ESTIMATE APPROVED BY THE PRIMARY INSURER.
The document must include a detailed list of parts and the estimated cost of _____ each part.
- ATTACH A COPY OF THE FINAL DETAILED REPAIR INVOICE AND WORK ORDER INDICATING COST OF PARTS. _____ REMEMBER TO INCLUDE PURCHASE INVOICES FOR NEW PARTS FROM DEALERSHIP.

CERTIFICATE NUMBER: _____

PRIMARY INSURER'S OR ADJUSTER 'S ESTIMATE			CORRESPONDING NEW PART(S)		
LINE NUMBER OF INSURER'S ESTIMATE	DESCRIPTION	COST OF PART ESTIMATED BY INSURER	PART NUMBER	COST OF ORIGINAL PART	DIFFERENCE
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

NOTE : GIVEN THE VARIATION BETWEEN CONTRACTS IN FORCE, WE ADVISE YOU TO CHECK THE CONTRACT ELIGIBILITY AND LIMITS FOR ORIGINAL PARTS BEFORE STARTING WORK.

CONTACT INFORMATION

Telephone: 1 855 747-7820 418 747-7820
 Fax: 1 866 213-2103 418 641-4357
 Email: fpq5@service-indemnisation.com

SUBTOTAL:	\$
GST 5%	\$
QST 9.5%	\$
TOTAL	\$

AUTHORIZED BY CLAIMS ADJUSTER: _____ DATE: _____