

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 NO
 If yes, please specify the following:
 Reduced indemnity amount: \$ _____
 Reason: _____

SIGNATURE OF CONTACT PERSON FOR CLAIM

DATE

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