

**INFORMATION REQUEST
CLAIM SETTLEMENT FOR COMMON CLIENT**

Please provide the following information promptly to ensure a smooth claim process for our common client.

Please respond by: FAX – TELEPHONE – EMAIL

Telephone: 1 855 747-7815 418 747-7815

Fax: 1 866 213-2103 418 641-4357

Email: fpg5@service-indemnisation.com

Date of request: _____

Claims department – Claims adjuster	
Fax:	_____
Email:	_____
Telephone:	_____

Information about insured

Dealership:	_____	Name of adjuster:	_____
Name of contact person:	_____	Our contract number:	_____
Telephone:	_____	Your policy number:	_____
Fax:	_____	Type of loss:	_____
Email:	_____	Name of contact person:	_____

Please complete the following section

• Does the client have Q.E.F. No. 43 coverage with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does the Q.P.F. No. 1 coverage indicate that the insured is covered under Section ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Degree of liability:	_____ %
• Amount of deductible applied:	\$ _____
• Amount of cheque issued (including taxes):	\$ _____
• Reduction of indemnity (for reason other than deductible)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:	Reduced indemnity amount: \$ _____ Reason: _____
• Did you pay for a short-term rental (Q.E.F. No. 20)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Rental period: from _____ to _____ No. of days: _____ Amount paid:	_____
• Do you have an agreement with the dealership for a higher hourly rate on the condition that a courtesy car is provided free of charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the hourly rate?	_____
• Is the file closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, date closed:	_____
If no, please explain:	_____

Your name: _____ Title: _____
Telephone: _____