

## **AVIVA Automobile replacement cost policy No. 12000617**

### **Platinum deductible reimbursement claim instructions**

Please provide a copy of your Aviva policy document or fill in the Aviva certificate number here:

\_\_\_\_\_

Date of loss:

\_\_\_\_\_

Where the accident occurred (City, Province):

\_\_\_\_\_

Once the repairs are completed and the deductible paid; please return this completed form to us with a copy of the following documents:

1. Repair Estimate/CL14 from the body shop. The document will include your name, address, telephone number, primary claim number, the date of the accident, VIN, the amount of the deductible applied, and bears your signature to confirm your approval for the work.
2. Receipt/Invoice from the body shop. This can be a credit card/debit slip or an invoice that includes the date and body shop signature/stamp, if paid by cash or cheque.
3. For collision claims, a copy of the At-fault letter from your primary insurer, confirming that you are being held responsible for the accident.

You may forward these items to us by fax to 1-888-810-5704 or by scan and email to [claims@colwoodinsurance.ca](mailto:claims@colwoodinsurance.ca) . Should you have any questions, we can be reached by phone at 604-269-1907 or toll free at 1-866-610-4482.

Your deductible reimbursement cheque will be mailed to the address provided in the documents submitted. Please let us know if the cheque should be sent to an alternate address.