

Automobile Replacement Cost policy

Genuine body parts indemnity claim submission

Name	
Phone number (including area code)	
Email	
Mailing address (if changed)	
*Alternate contact, name/number	

*Someone you wish us to discuss this claim with on your behalf.

Claims details	
Date of loss	
City where the loss occurred	
Details of the loss	

Repair shop information	
Name of shop	
Contact person	
Phone	
Email/Fax number	

Signature of Insured: _____ Date: _____