

Deductible Reimbursement Claim Report

<u>Insured's information</u>	
Name:	
Certificate Number:	
Address:	
Email:	
Phone Number:	
If you wish to have someone act on your behalf, please indicate their contact details here:	

<u>Loss details</u>	
Date of loss:	
Brief Description of the Loss:	

- * The address provided on this form will be used as the mailing address for the reimbursement cheque if applicable.
- * If the address section of this form is left blank, the address on file will be used.

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

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.

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.

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 email to 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.

I hereby authorize my primary underlying insurer and vehicle repair facility to release all claim information required by Aviva Insurance Company of Canada or its authorized representative, Colwood Insurance, for the purpose of determining my eligibility for the benefits claimed. I confirm that the information above is true and correct.

Signature:

Date:

** Subject to the terms, conditions, exclusions and definitions of the policy **