

### Genuine Body Parts Claim Submission

<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>Claim details</u>	
Date of loss:	
Location of loss (city/province):	
Describe loss details:	

<u>Repair shop information</u>	
Name of Repair Shop:	
Phone Number:	
Email / Fax Number:	

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 \*\*