

### Total Loss 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>Vehicle details</u>		
Year:	Make:	Model:
License Plate:	Serial No. (VIN):	

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

<u>Primary physical damage insurer</u>	
Insurer (ICBC or other):	Claim #:
Adjuster:	Phone #:

**New vehicles only:** If I decide not to replace the vehicle, or not to get the same make/model, I understand that settlement will then be based on the lesser of the original purchase price or the replacement cost.

I hereby authorize my Primary Underlying Insurer, the insured vehicle's Lessor, my car dealer and my bank/finance company 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\*\*

## Instructions for Submitting a Total Loss Claim

Please forward **copies of the following**, to Colwood Insurance Services.

1. Your fully completed Claim Report (SIGNED AND DATED)
2. Full Bill of Sale (Motor Vehicle Purchase Agreement) or Full Lease Agreement (all pages) for the Insured vehicle
3. Your ICBC registration and insurance papers (page 1 and 2) for the period in which the accident occurred
4. If you have private insurance for your collision/ comprehensive coverage, a copy of your policy declaration page
5. ICBC or other Primary Insurer's Valuation Report
6. ICBC or other Primary Insurer's settlement cheque & cheque stub
7. ICBC Write-off Agreement or other Primary Insurer's Proof of Loss/ Salvage Agreement
8. Release of Interest Letter from your lienholder/ lessor confirming the loan has been paid in full, if applicable

**If you have purchased Full Replacement coverage:**

9. The Window Sticker, Build Sheet or Factory Invoice for the Insured vehicle
10. The dealer's proposed price for a New Replacement Vehicle, including the same equipment and options as the original vehicle.

\* If your vehicle model is no longer available, please refer to Section IV paragraph (c) of your Insuring Agreement.

If you have any questions on how to proceed, please contact us at 1-866-610-4482 or 604-269-1907 or [claims@colwoodinsurance.ca](mailto:claims@colwoodinsurance.ca).