

### 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:** The total loss settlement will differ based on whether you choose to replace your vehicle with the same make and model with similar trim and equipment, or with a higher or lower priced vehicle, or if a replacement vehicle is not available or not deliverable within 30 days. Please talk to us about your options.

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 Total Loss **Claim Report (SIGNED AND DATED)**
2. Bill of Sale (Motor Vehicle Purchase Agreement) or 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 insurance policy.
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
9. If your vehicle is from Out of Province, please provide a copy of your transfer tax form

### **If you have purchased Full Replacement coverage or Vehicle Replacement Cost:**

10. The Window Sticker, Build Sheet or Factory Invoice for the Insured vehicle
11. Your dealer's quote for a New Replacement Vehicle, including the same equipment and options as the original vehicle. We suggest that you negotiate with the Sales Manager for the best price. If your vehicle make/model with similar trim and equipment is no longer available or deliverable within 30 days, please contact us to discuss your settlement options.
12. A copy of the bill of sale for your replacement vehicle is required to release the claims settlement.

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).