

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 Number:
Adjuster:	Phone Number:

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. Total Loss **Claim Report** (signed and dated)
2. **Bill of Sale** or **Motor Vehicle Purchase Agreement**
3. **Void Cheque or Direct Deposit** form (can be obtained from your financial institution) if you prefer an EFT payment.
4. ICBC **registration** and **insurance papers** (page 1 and 2) **for the period in which the accident occurred**. 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 or cheque stub**
7. **For Collision Claims (only)**: A copy of the At-fault letter from your primary insurer that confirms you have been held responsible for the loss. If you do not have a copy of the At-fault letter, we will accept a screen shot of the information that can be found at icbc.com under the claims portal.
8. ICBC **Write-off Agreement** or Primary Insurer's **Proof of Loss/Salvage Agreement**
9. **For Leased Vehicles (only)**: **Lease Agreement** and **Release of Interest Letter** from your lessor confirming the lease has been paid in full, if applicable

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

10. Your **dealer's quote** for a New Replacement Vehicle, including the same equipment and options as the original vehicle. If your vehicle make/model with similar trim and equipment is no longer available or deliverable within 30 days, we will discuss with you your settlement options. Please note, a copy of the bill of sale for your replacement vehicle is required to release the claims settlement.

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.