

## 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 (Incident Date):	
Primary Insurer's Claim Number:	
Claim Type:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Collision</span> <span>Comprehensive</span> <span>Hit and Run</span> <span>Other</span> </div>

\* 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.

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:

**\*\* To avoid claim processing delays please ensure your form is *fully completed and signed* \*\***

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

## Instructions for Submitting a Deductible Reimbursement

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

1. 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.  
*\* If you do not have this document, please log into the ICBC claim portal and screen capture the claim details, if applicable.*
2. 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.
3. For collision claims, a copy of the At-fault letter from your primary insurer, confirming that you are being held responsible for the accident.
4. Your 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. Void cheque or Direct deposit form if you prefer an EFT payment for any applicable reimbursement.

You may forward these items to us by email to [claims@colwoodinsurance.ca](mailto: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.