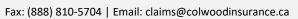


Telephone: (604) 269-1907 | Toll Free: (866) 610-4482





Total Loss Claim Report

Insured's information			
Name:			
Certificate Number:			
Address:			
Email:			
Phone Number:			
If you wish to have someone act on your behalf, please indicate their contact details here:			
Vehicle details			
Year:	ar: Make:		Model:
License Plate:			Serial No. (VIN):
<u>Loss details</u>	<u>, </u>		
Date of loss:			
Location of loss (City/Province):			
Describe loss details:			
P <u>rimary physical damage i</u>	<u>nsurer</u>		
Insurer (ICBC or other):			Claim Number:
Adjuster:			Phone Number:
make and model with sin available or not delivera	nilar trim and equipme ble within 30 days. Ple	ent, or with a hi ase talk to us a	on whether you choose to replace your vehicle with the same gher or lower priced vehicle, or if a replacement vehicle is not bout your options. vehicle's Lessor, my car dealer, and my bank/finance company
to release all claim inform	mation required by Avi	iva Insurance Co	ompany of Canada or its authorized representative, Colwood benefits claimed. I confirm that the information above is true
Signature:			Date:

^{**} Subject to the terms, conditions, exclusions, and definitions of the policy**



Fax: (888) 810-5704 | Email: claims@colwoodinsurance.ca

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. <u>Please note, a copy of the bill of sale for your replacement vehicle is required to release the claims settlement.</u>

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.