

Proof of Loss Form

This form **must be completed in full**. Failure to complete this form in its entirety may result in significant delays in the processing of the claim.

Contract
Number:

Name:

Date:

Address:

Phone:

City:

Province:

Postal Code:

VEHICLE INFORMATION

Vehicle
Year:

Make and
Model:

VIN:

Mileage:

Where is damage?

DEALERSHIP

Name:

Phone:

Contact:

Description of Damage

☐ Windshield Repair

☐ Windshield Replacement

☐ Paintless Dent Repair

☐ Paint Repair

☐ Key / Remote Replacement

☐ Rip/Tear/Burn Repair

☐ Car Rental

☐ Head / Tail light replacement

Describe damage in detail: (including cause of damage, size of crack, chip or dent, etc.)

Where did damage occur?

I confirm that the information submitted on this form is true and complete and accurately represents the situation resulting in the claim. I understand that any misleading or fraudulent statement(s) will result in the denial of the claim.

X

Contract Holder's Signature

Date

X

Authorized Dealer Representative

Date

Please email the completed form to claims@vehiclearmour.ca

To speak to a claims representative, please call 1-866-766-4566

☐ Authorized

☐ Repair Only ☐ Replace

Date: _____

Authorization # _____

☐ Denied

☐ Pending Inspection