



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 _____ Date _____ X _____ Date _____
Contract Holder's Signature Authorized Dealer Representative

Please email the completed form to claims@vehiclearmour.ca or send it by fax to 1-888-341-4888

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

<input type="checkbox"/> Authorized <input type="checkbox"/> Repair Only <input type="checkbox"/> Replace Date: _____ Authorization # _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending Inspection
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