Proof of Loss Form

Authorization #

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



-										
Customer Name:			Address:			s:				
Date:					City:					
Contract Number:			Province:			e:				
Phone:			Pe			Postal Code:				
DEALERSHIP										
Name: Pho			one: Contact			Contact N	ame:			
VEHICLE INFORMATION										
Vehicle Year:			Make and Model:							
Mileage:		VIN:								
CLAIM TYPE										
TIRE & WHEEL			360 DEGREE GLASS				OTHERS			
☐ Tire Repair ☐ Tire Replacement ☐ Rim Repair ☐ Rim Replacement ☐ Cosmetic Rim Repair			☐ Front Windshield Repair ☐ Front Windshield Replacement ☐ Side/Rear Glass Repair ☐ Side/Rear Glass Replacement				 □ Dent & Ding Repair □ Key/Remote Replacement □ Rip/Tear/Burn Repair □ Paint Repair □ Head Light/Tail Light Repair □ Head Light/Tail Light Treatment □ Digital Screen Coverage 			
TIRE INFORMATION - If Applicable										
Tire Make:	Т	Tire Model:		Tir	e Size:			Tread Depth:		
Describe damage in detail: (including cause of damage, size of crack, chip or dent, etc.)										
Damage location on Vehicle:										
claim. I understan	nd that any mislea	ading or frau	dulent stat	ement(s) w	ill result	in the denia	al of the	e claim.	on resulting in the	
Contract I	Da	ate Authorized Dea			er Repre	esentative	Date			
Please email the completed form to claims@vehiclearmour.ca To speak to a claims representative, please call 1-866-766-4566 ext 804										
☐ Authorized ☐ Repair Only	Replace		enied			☐ Pendi	ng Insp	ection		