

REPORTING THE CLAIM

1. Receive Customer's authorization to diagnose failure and estimate cost of repair.
2. Fax Claim Approval Form to the **CLAIM ADMINISTRATOR 1-888-444-0675**
3. The **CLAIMS ADMINISTRATOR** will call you with a decision and/or an authorization number.

CLAIMS AUTHORIZATION NUMBER MUST BE OBTAINED BEFORE COMMENCEMENT OF ANY REPAIRS.

Claim Submitted By: Name/Advisor	Dealership/Repair Facility	Telephone Number
Vehicle/Unit	VIN/HIN (Last 8 digits only)	Plate Number
Contract/Policyholder's Name	Contract/Policy Number	
Repair Order Date <small>(M M / D D / Y Y Y Y)</small>	Repair Order Kms (if applicable)	Repair Order Number

Complaint _____

Cause _____

Correction _____

ATTACH DETAILED ESTIMATE OR COMPLETE THE SECTION BELOW.

Quantity	Part No.	Part Description	Amount	Labour (Hrs x Rates)
Total Parts \$		Total Labour \$	Total Sublet \$	Subtotal \$

TO BE COMPLETED BY THE CLAIMS ADMINISTRATOR	
Claims Adjudicator	
Authorized Amount	
Authorization Number	

Attached Estimate?
 Yes No

Less Deductible	\$
Towing	\$
Rental	\$
GST/HST	\$
PST/RST/QST	\$
Total	\$