

## Claim Form

Authorization No.

Date	<a href="mailto:chemicalclaim@firstcanadian.ca">chemicalclaim@firstcanadian.ca</a> or <a href="mailto:autoguardclaim@firstcanadian.ca">autoguardclaim@firstcanadian.ca</a>	Phone <b>1 780 410 4517</b> Fax <b>1 780 417 0935</b>
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Owner Information			
Certificate holder's Name	Home Telephone	Work Telephone	
Street Address	City	Prov	Postal Code

Vehicle Information			
Year	Make	Model	<input type="checkbox"/> 2wd <input type="checkbox"/> Car/ Van <input type="checkbox"/> 4 wd <input type="checkbox"/> Trailer
Vehicle ID Number		Kilometers at Issue	Kilometers at Claim
Registration Certificate Number	Purchase Date	Last Inspection	Expiry Date

Claim Information	
<input type="checkbox"/> Paint <input type="checkbox"/> Dent <input type="checkbox"/> Scratch <input type="checkbox"/> Fabric <input type="checkbox"/> Leather <input type="checkbox"/> Surface Rust <input type="checkbox"/> Rust Perforation <input type="checkbox"/> Undercoat	
Details of claim:	

Estimate:	#	Amount (\$)	Labour	Total
Part No.				
Part No.				
Part No.				
Part No.				
Part No.				
Part No.				
				Subtotal
				Tax
				Total

email completed form and photo of damaged area to  
[chemicalclaim@firstcanadian.ca](mailto:chemicalclaim@firstcanadian.ca) or [autoguardclaim@firstcanadian.ca](mailto:autoguardclaim@firstcanadian.ca)  
 for approval on any repairs exceeding \$100.00

Repair Facility			
Dealer Name	Contact Person	Telephone	Fax
Street Address	City	Prov	Postal Code

Customer Signature	Service Representative	First Canadian Authorized
Date	Date	Date