First Canadian Protection Products
a division of Data Gathering Service Inc
320 Sioux Road
Sherwood Park, AB T8A 3X6

PLATINUM SECURITY PROTECTION

Claim Form

Authorization No. 22522315132135321

Date

etchclaim@firstcanadian.ca

Fax **1 780 417 0935**

Owner Information

Certificate holder's Name	Home Telephone	Work Telephone	
Street Address	**City**	**Prov**	**Postal Code**

Vehicle Information

Year	Make	Model	Kilometers
Registration Certificate Number	**Purchase Date**	**Date of Theft**	

THEFT of vehicle resulting in a "TOTAL LOSS"

The following documents are required:

- ☐ Copy of current registration.
- ☐ Copy of the police report, showing the vehicle as stolen.
- ☐ Copy of the Insurance Company's final settlement cheque.
- ☐ Copy of the Insurance Company's Proof of total loss.
- ☐ Copy of vehicle rental (selected certs), if theft occurred more than 150 km from home.
- ☐ Copy of accommodations (selected certs), if occurred more than 150 km from home.

Payment of this claim as follows, payable to:_____ .

THEFT with vehicle RECOVERY

Comprehensive deductible claim:

The following documents are required:

- ☐ Copy of current registration
- ☐ Copy of the police report, showing the vehicle as stolen
- ☐ Copy of the insurance claim
- ☐ Copy of the repair work order
- ☐ Copy of a statement showing that the deductible was paid

Home Insurance Deductible claim:

The following documents are required:

- ☐ Copy of current registration
- ☐ Copy of the police report, showing the vehicle as stolen
- ☐ Copy of home insurance policy
- ☐ Copy of the Insurance claim
- ☐ Copy of a statement showing that the deductible was paid

First Canadian Protection Products will forward the funds to the Customer.

If police report is unable to be obtained please provide details of the occurrence leading up to the theft of the vehicle.

Police report #: Name of detachment: Phone # for detachment:

Selling Dealer

Dealer Name	Contact Person	Telephone

Customer Signature	Service Representative	Millennium Authorized
Date	Date	Date