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 Sherwood Park, AB T8A 3X6
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Millennium Asset Protection Claim Form

Date	Authorization No.
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Owner Information			
Policyholder's Name		Company Name (Only if Vehicle is in Company name)	
Address		City	Prov Postal Code
Email Address	Home Telephone ()		Business Telephone ()

Vehicle Information				
Year	Make	Model	Vehicle Type	Amount Financed excluding taxes
			<input type="checkbox"/> Private Passenger	\$
Odometer	Vehicle Identification Number		<input type="checkbox"/> RV	Vehicle Delivery Date
			<input type="checkbox"/> Leisure Vehicle	
MAP Certificate Number		Purchase Date		Date of Total Loss

Cause of Total Loss

Commercial Use Disclosure:

Vehicles used for commercial or business purposes of any sort are INELIGIBLE for coverage, UNLESS the use of the vehicle falls within the definition of Light Commercial Use and the Light Commercial Use option was selected on the Application Page.

"**Light Commercial Use**" means use of the vehicle, for commercial or business purposes by a single driver, provided the vehicle is a passenger vehicle and is not used for any purpose outlined in section 5.2 (g) on the certificate.

Please attach the following with completed Claim Form:
<input type="checkbox"/> Copy of MAP certificate; <input type="checkbox"/> Copy of the original Bill of Sale; <input type="checkbox"/> Copy of the Primary Insurance Policy and proof that it was in force at the time of Total Loss; <input type="checkbox"/> Copy of the Finance Contract; <input type="checkbox"/> Proof of ownership of the vehicle; <input type="checkbox"/> Any documents that establish the date and cause of the Total Loss (including police reports); <input type="checkbox"/> Any documents that provide details regarding any claims made under the Primary Insurance Policy in connection with the Total Loss and the payment of any deductible required by the Primary Insurance Policy; <input type="checkbox"/> Proof of payment under the Primary Insurance Policy in connection with the Total Loss; <input type="checkbox"/> Proof from the secured lender of the outstanding amount at the time of the Total Loss; and <input type="checkbox"/> A copy of the Bill of Sale for the replacement vehicle showing the \$500 Loyalty Credit has been applied.
<p>The Dealer or Millennium may ask for other documents that will help adjudicate the claim.</p>

**Millennium must be notified within 60 days of the date
 the Primary Insurance company deemed the vehicle to be a Total Loss.**

I acknowledge that I have read the Commercial Use Disclosure above, and I understand the defined conditions of eligibility. The fact of not revealing any commercial usage makes the present agreement null and void. I have also read, understood and accepted the terms and conditions contained in the MAP certificate. I understand that in the event of a payable claim all funds are forwarded to the Secured Lender. I authorize MIC and the Dealer to use and exchange information about me to administer, process and adjudicate claims under the MAP certificate.

Customer Signature	Authorized By
Date:	Date: