

Claim Form

Authorization No.

Date

keyclaim@firstcanadian.ca

Phone **1 780 417 5486**

Fax **1 780 417 0935**

Owner Information			
Name	Home Telephone	Work Telephone	
Street Address	City	Prov	Postal Code

Vehicle Information			
Year	Make	Model	
Vehicle ID Number		Kilometers at Issue	Kilometers at Claim
Agreement Certificate Number	Purchase Date	Expiry Date	

Claim Information	
Details of claim:	<hr/> <hr/> <hr/>

Key Only
 Remote only
 Key + Remote

Part #			
Part MSRP or cost plus 30%			
Labour to cut replacement key			
Labour to program new remote			
Labour to deactivate remote being replaced			
Subtotal	\$	\$	\$
GST + HST	\$	\$	\$
PST	\$	\$	\$
Total	\$	\$	\$

email completed form and photo of damaged key / remote (if available) keyclaim@firstcanadian.ca

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

Date	Date	Date
Customer Signature	Service Representative	DGS Authorized