

Replacement Insurance Claim Form

Replacement Insurance Policy No:

OWNER INFORMATION				
Insured's Name	Company Name (Only if Vehicle is in Company Name)		Daytime Phone Number	
Current Mailing Address		City	Prov.	Postal Code
Primary Insurer		Primary Insurance Policy Number		

VEHICLE INFORMATION				
Year	Make	Model		Trim/Series/Body Style
Purchase Date		VIN	Date of Loss	Odometer at Loss

REQUIRED DOCUMENTS (mark the appropriate boxes for each document)

IN THE EVENT OF A PARTIAL LOSS:

Original Parts only:

- Copy of the Primary Insurer's repair estimate
- Copy of the parts invoice indicating the costs of the new original parts

Deductible only:

- Copy of the Primary Insurer's repair estimate
- Copy of the completed repair invoice made out to the Insured

Rental/Lease only:

- Copy of the Rental/Lease agreement signed by the Insured
- Copy of the Primary Insurer's repair estimate
- Copy of the completed repair invoice made out to the Insured

IN THE EVENT OF A TOTAL LOSS:

New Vehicles only:

- Copy of the original finance contract or lease agreement
- Copy of the original vehicle manufacturer's invoice
- Copy of invoice for any additional equipment included at time of sale
- Copy of the replacement vehicle manufacturer's invoice, or other proof of the vehicle price if not in inventory
- Copy of any manufacturer's rebates for replacement vehicle
- Copy of the insurance pay-out from the Primary Insurer

Used Vehicle only:

- Copy of the original finance contract or lease agreement
- Copy of invoice for any additional equipment included at time of sale
- Copy of the insurance pay-out from the Primary Insurer

Required documents for replacement vehicle

- Copy of the sale contract or replacement vehicle lease or finance agreement signed by the Insured
- Order slip for any additional equipment
- Copy of the insurance indemnity claim signed by the dealership
- Proof of vehicle registration from SAAQ

Signature of Named Insured

Signature of Co-Named Insured

Date

Please email, fax or mail the completed and signed claim form with the required documents to:

Mail: Millennium Insurance Corporation
Attn: Replacement Insurance Claims
320 Sioux Road, Sherwood Park, AB T8A 3X6

Fax: 1-800-304-4031

Email: replaceclaim@firstcanadian.ca