

# 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 1 780 410 4517 Fax 1 780 417 0935

Owner Information			
Certificate holder's Name		Home Telephone	Work Telephone
Street Address		City	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		
<b>PLATINUM</b> <b>AUTO GUARD</b>	<b>PLATINUM</b> <b>SHIELD PROTECTION</b>	<b>RV ARMOUR</b>
<input type="checkbox"/> Dents & Dings  <input type="checkbox"/> Exterior Scratches  <input type="checkbox"/> Cuts, Tears, Burns	<input type="checkbox"/> Surface Rust <input type="checkbox"/> Rust Perforation  <input type="checkbox"/> Undercoat <input type="checkbox"/> Paint <input type="checkbox"/> Fabric <input type="checkbox"/> Leather	<input type="checkbox"/> Awning <input type="checkbox"/> Roof Vent <input type="checkbox"/> Dents & Dings <input type="checkbox"/> Decals <input type="checkbox"/> Exterior Scratches <input type="checkbox"/> Cuts, Tears, Burns

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 photos of the 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
Street Address		City	Postal Code

Customer Signature	Service Representative	First Canadian Authorized
Date	Date	Date

