

## Road Hazard - Glass Service Claim Form

Authorization # \_\_\_\_\_

Date \_\_\_\_\_

[tireclaim@firstcanadian.ca](mailto:tireclaim@firstcanadian.ca)

Fax: (780) 417 0935

| Owner Information         |      |                |                |
|---------------------------|------|----------------|----------------|
| Certificate Holder's Name |      | Home Telephone | Work Telephone |
| Street Address            | City | Prov           | Postal Code    |

| Vehicle Information |               |                |                     |
|---------------------|---------------|----------------|---------------------|
| Year                | Make          | Model          | Vehicle ID Number   |
| Certificate Number  | Purchase Date | KM at Purchase | Kilometers at Claim |

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

| Claim Information                     |                                     |                                    |
|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Windshield   | <input type="checkbox"/> Headlight  | <input type="checkbox"/> Fog Light |
| <input type="checkbox"/> Marker light | <input type="checkbox"/> Tail light |                                    |

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Windshield Replacement<br>Estimate:<br>Part No. _____<br>Dlr cost \$ _____<br>Mark up \$ _____<br>Labour time _____<br>Labour \$ _____<br>GST + HST \$ _____<br>Total \$ _____ | <input type="checkbox"/> Windshield Repair <input type="checkbox"/> Light Repair<br>Estimate:<br>Repair cost _____<br>Sublet _____<br>Sublet mark up _____<br>GST + HST \$ _____<br>Total \$ _____ | <input type="checkbox"/> Light Replacement<br>Estimate:<br>Part No. _____<br>Dlr cost \$ _____<br>Mark up \$ _____<br>Labour time _____<br>Labour \$ _____<br>GST + HST \$ _____<br>Total \$ _____ |
|---|--|--|

Email or fax **completed form, signed work order**, and email **photo** of damage to [tireclaim@firstcanadian.ca](mailto:tireclaim@firstcanadian.ca) for approval on any replacements

“Light” including headlights, tail lights, fog lights and marker lights.  
 “Damaged Light” is no longer in good working order as a result of damage by a Road Hazard.  
 Windshield repair reimbursed up to \$75 for 1st repair and \$20 for 2nd per visit  
 Windshield replacements reimbursed up to \$300 including tax (limit of 2 per agreement)  
**Maximum markup of 30%** on replacements (not to exceed the MSRP).  
 All repairs that are sublet to another facility have a **maximum markup of 10%**  
 Email or fax receipt for Windshield repair for re-imbusement.

**Details of Incident** (to be completed by **Vehicle Owner**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                   |                        |                           |
|-------------------|------------------------|---------------------------|
| Owner's Signature | Service Representative | First Canadian Authorized |
| Date              | Date                   | Date                      |

