




Claim Form

Authorization No.	
Date	chemicalclaim@firstcanadian.ca or autoguardclaim@firstcanadian.ca
	Phone 1 780 410 4517 Fax 1 780 417 0935

Owner Information			
Certificate holder's Name		Home Telephone	Work Telephone
Street Address		City	Prov 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		
		
<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 or autoguardclaim@firstcanadian.ca for
 approval on any repairs exceeding \$100.00

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

Customer Signature	Service Representative	First Canadian Authorized
Date	Date	Date

