



Platinum AutoGuard Service Form Form AA7650

Date	Authorization #
------	-----------------

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

Buyer Information			
Buyer Name	Home Telephone	Business Telephone	
Street Address	City	Prov	Postal Code

Vehicle Information				
Year	Make	Model	Vehicle Identification Number (VIN)	
Policy Number	Purchase Date	Kilometers at Purchase	Kilometers at Claim	

Claim Information																																																				
<input type="checkbox"/> Dents and Dings <input type="checkbox"/> Exterior Scratches <input type="checkbox"/> Cuts, Tears and Burns <input type="checkbox"/> Glass Chips and Cracks																																																				
<table><tr><th colspan="4">Estimate Details</th></tr><tr><th>Part Number</th><th>Amount</th><th>Labor</th><th>Total</th></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="3">Subtotal</td><td>\$</td></tr><tr><td colspan="3">Tax</td><td>\$</td></tr><tr><td colspan="3">Total</td><td>\$</td></tr></table>					Estimate Details				Part Number	Amount	Labor	Total																													Subtotal			\$	Tax			\$	Total			\$
Estimate Details																																																				
Part Number	Amount	Labor	Total																																																	
Subtotal			\$																																																	
Tax			\$																																																	
Total			\$																																																	

Claim Details:	

Signature & Authorization		
Customer Signature	Dealership Representative's Signature	FCCP Agent's Signature
Date	Date	Date

Email this completed form and photos of the damage to AutoGuardClaim@firstcanadian.ca.