

Platinum AutoGuard Insurance Claim Form

Authorization #

Date

micadjuster@firstcanadian.ca

Phone 1 780 417 5486

Owner Information

Certificate holder's Name	Home Telephone	Work Telephone	
Street Address	City	Prov	Postal Code

Vehicle Information

Year	Make	Model	☐ Truck ☐ SUV	☐ Car / Van ☐ Trailer
Vehicle ID Number		Kilometers at Purchase	Kilometers at Claim	
Policy Number	Purchase Date	Last Inspection	Expiry Date	

Claim Information

EXTERIOR PLANS

- ☐ DENTS AND DINGS
☐ EXTERIOR SCRATCHES

INTERIOR PLAN

- ☐ CUTS, TEARS, AND BURNS
TO LEATHER, CLOTH, AND
VINYL UPHOLSTERY

GLASS PLAN

- ☐ CHIPS
☐ CRACKS

Details of claim:

Repair:

Estimate Area	Labour	Sublet Cost	Sublet Mark-Up	Total
Subtotal				
Tax				
Total				

Email completed form and photos of damaged area to
micadjuster@firstcanadian.ca

Repair Facility

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

Owner Signature	Service Representative	MIC Authorized
Date	Date	Date

