

CLAIMS PROCESS

- A. Complete both pages of the « Claim Form – Purchase Insurance and Mobiles Devices »;**
- B. Sign the « Agreement and Authorization » section;**
- C. Send all duly completed forms as well as any other required documents to CanAssistance.**

Online via our secure website:

canassistance.com/en/policyholder/depot

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:

**CanAssistance, Claims Department
PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7**

Primary Credit Cardholder Information

Financial Institution		First 7 digits of the card	Last 3 digits of the card	File number (optional)
Name			Gender	M F
First name			Date of birth	Year Month Day
Email		Telephone 1	Telephone 2	
Mailing address		Apt.	City	Province Postal code
No	Street			

Claimed Items

Type of claim Purchase Insurance Extended Warranty Mobile Devices

Description	Model / Serial number / IMEI	Manufacturer	Date of purchase	Price paid	Amount charged to your account

Please use an additional sheet of paper if needed.

TOTAL AMOUNT CLAIMED:

Agreement and Authorization

1. I hereby certify that I have not received any compensation for this loss giving rise to this claim other than that declared in this form.
2. I certify that I have not in any way caused or attempted to cause, directly or indirectly, this loss. I have not concealed or misrepresented any circumstances or any relevant facts regarding this coverage and its purposes.
3. I authorize CanAssistance Inc. to provide the information contained in my claim file to third parties, for their use, within the context of this claim, to determine the benefits payable, if the case arises.
4. I authorize CanAssistance inc. to obtain a copy of the police, fire or investigation reports, as well as any other information deemed necessary to process my claim. Further, I authorize CanAssistance inc. to provide my information to the insurer of my travel policy and to its reinsurers, to internal and external auditors and to any professional or organization mandated by CanAssistance inc. within the context of my claim.
5. I declare that the information and details given on this form and the information provided in the attached documents are complete and true, and I am aware that any false declaration shall nullify the insurance certificate or insurance policy and shall result in the denial of my application for benefits.
6. By sending us this form, you understand that we will process your personal information in accordance with the terms of our Privacy Policy. We invite you to read our Privacy Policy available on our web site, which provides, without limitation, information about the categories of third parties to whom it is necessary to communicate your personal information, sometimes outside your province of residence, and your rights to access and correct your personal information.

Signature of Cardholder: _____

Date: _____

FOR OFFICE USE

Information about the incident

Type of incident <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input type="checkbox"/> Damage <input type="checkbox"/> Defect	Place of incident (city and country)	Date of incident Year Month Day
Did you report the incident to the police or to your wireless telephone service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify on which date? Year Month Day	
If the item is damaged or defective, can it be repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date of original warranty Year Month Day	End date of original warranty Year Month Day
Is the incident covered under the manufacturer's warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If no, why is the manufacturer's warranty not applicable? _____	
Was the item given as a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of recipient _____		
Describe the circumstances of the incident and nature of the damages or defects if applicable. Please use an additional sheet of paper if needed.		

Other Insurance

Do you have another insurance for owner/occupant, tenant or commercial property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide the following information:	
Policyholder	Insurance Company
Policy number	Company phone number
Identification number	Deductible amount
Have you already initiated a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate the file number:	

Essential Documents to Submit

For all claims:

- The « Claim Form – Purchase insurance and Mobile devices » duly completed and signed;
- Invoice for the initial purchase of the item;
- Monthly credit card statement showing the charge for the item, or if the purchase of your mobile device is financed by a plan, proof that the monthly payments under your plan were charged to your account without interruption;
- A letter detailing your version of events and circumstances leading to the claim;
- **According to the event giving rise to the claim:**
 - o Homeowner's insurance policy showing the amount of the deductible;
 - o Police or other competent authority's report regarding the theft;
 - o Invoice or estimate indicating the cost of repairs;
 - o Proof that item cannot be repaired;
 - o Manufacturer's warranty stating it is valid in Canada;
 - o Photo of the damaged or defective item.

Your contract provides the reimbursement of the lesser of these amounts: the initial purchase cost, the depreciated value of mobile devices, the estimated amount for repairs, the replacement cost or the deductible of your homeowner's insurance.

An incomplete claim may cause additional delays in processing your file. If you can't submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request the original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

Should you have any questions about your claim, please contact us by using the phone number on your insurance card or visit our website at canassistance.com.

IMPORTANT NOTICE

If your claim is deemed admissible, by default a cheque will be sent to the policyholder. If you prefer to receive the reimbursement in your chequing account through direct deposit, please complete this form and attach a voided cheque.

We recommend that you select direct deposit for a number of reasons:

- Avoid the many possible days that come with receiving cheques by mail.
- Access your funds immediately without any holds that may be required by your financial institution.

SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE

Online via our secure website:

canassistance.com/en/policyholder/depot

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:

CanAssistance, Claims Department
PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7

Policyholder identification

Name of the policyholder

Contract, certificate or identification number

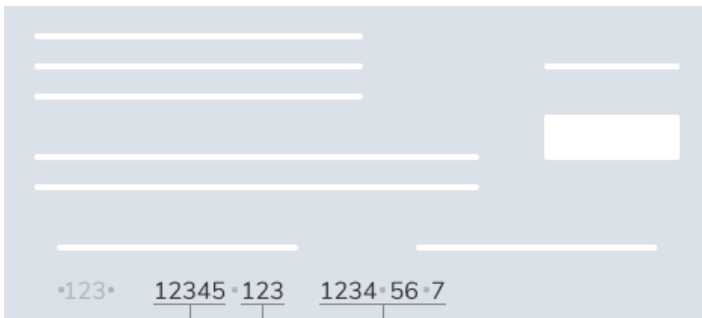
File number

Bank Account Details (Canadian financial institutions only)

To avoid payment errors and delays, please attach a voided cheque. A copy can also be obtained through the online banking services of your financial institution.

Scan the document or take a photo of it, making sure all information is legible.

If you are unable to provide a voided cheque, please carefully complete the sections below.



Branch number _____

Institution number _____

Account number _____

•123• 12345 •123 1234 •56 •7

1 - Transit (Branch) Number 2 - Financial Institution Number 3 - Account Number

I hereby request that my benefits be paid via electronic funds transfer (direct deposit) to the aforementioned account number.

Signature of the policyholder _____

Date _____