



#207 - 19237 122A Ave., Pitt Meadows, BC V3Y 2T1 | 604 465 3881 | claims@haywardinsurance.ca

## Deductible Reimbursement Form (for Partial Loss Claims)

### Policyholder Details

FULL NAME	POLICY #
PHONE NUMBER	E-MAIL ADDRESS

### Claim / Incident Details

#### CAUSE OF LOSS

Select one.

Collision - At Fault

Collision - Not At Fault

Comprehensive i.e. Theft, Vandalism, Windshield Damage, etc.

ODOMETER	CLAIM #
DATE OF INCIDENT (MM/DD/YYYY)	LOCATION OF INCIDENT

#### TELL US WHAT HAPPENED

Please include the police file #, if applicable.

### Repair Shop Details

SHOP NAME	CONTACT PERSON
PHONE NUMBER	E-MAIL ADDRESS



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### Required Documents

Primary Insurance Documents	Repair Order	Parts Supplier Invoices	Police Report (If Applicable)*
CL14 Repair Estimate	Payment Receipt Deductible	Repair Shop Invoices	

#### IF YOU ARE AT FAULT

Letter from Primary Insurer

*\*Note: A copy of the police report of claims involving any theft, vandalism, or hit & run is required for us to pay your claim.*

### Important

Claims must be reported **within 30 days** from the date of loss/incident or before repairs or replacement are made. This form must be completed and submitted along with any required documents **within 90 days** of the date of loss/incident. **Failure to accomplish the above mentioned tasks may result in denial of coverage.**

By signing below, you confirm that all information contained in this form or any required documents are true to the best of your knowledge.

DATE (MM/DD/YYYY)	SIGNATURE

### Submission

E-mail to [replacement@haywardinsurance.ca](mailto:replacement@haywardinsurance.ca)