



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

OEM Reimbursement Form

Policyholder Details

FULL NAME		PHONE NUMBER
POLICY #	CLAIM #	E-MAIL ADDRESS
ADDRESS (IF CHANGED)		

Repair Shop Details

SHOP NAME	CONTACT PERSON
PHONE NUMBER	E-MAIL ADDRESS

Other Required Documents

- Primary Insurance Documents
- Deductible Reimbursement Form (For Partial Loss Claims)
- OEM Parts Invoice / Work Order

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.**

Submission

E-mail to replacement@haywardinsurance.ca