



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

Total Loss Claim Form

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	LOCATION OF INCIDENT

TELL US WHAT HAPPENED*Please include the police file #, if applicable.*



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Required Documents Checklist

IF CLAIM IS FOR, COLLISION - AT FAULT

Primary Insurance Papers	Bill of Sale (Replacement Vehicle)	Letter from Primary Insurer	Police Report (If Available)
Bill of Sale (Loss Vehicle)	Total Loss Settlement Cheque	Loss Adjustors Evaluation	Salvage Report (If Available)

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
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Submission

E-mail to replacement@haywardinsurance.ca