



# PROOF OF LOSS FORM

(Windshield Repair, Paintless Dent Repair, Key / Remote Replacement)

This form **must be completed in full**. Failure to complete this form in its entirety may result in significant delays in the processing of the claim.

Contract Number:

Name:

Date:

Address:

Phone:

City:

Province:

Postal Code:

### VEHICLE INFORMATION

Vehicle Year:

Make and Model:

VIN:

Mileage:

Where is damage?

### DEALERSHIP

Name:

Phone:

Contact:

### Description of Damage

Windshield Repair

Paintless Dent Repair

Key / Remote Replacement

Describe damage in detail: (including cause of damage, size of crack, chip or dent, etc.)

Where did damage occur?

I confirm that the information submitted on this form is true and complete and accurately represents the situation resulting in the claim. I understand that any misleading or fraudulent statement(s) will result in the denial of the claim.

X \_\_\_\_\_  
Contract Holder's Signature

\_\_\_\_\_ Date

X \_\_\_\_\_  
Authorized Dealer Representative

\_\_\_\_\_ Date

Please fax completed form to 1-888-341-4888

Authorized

Repair Only  Replace

Date: \_\_\_\_\_

Authorization # \_\_\_\_\_

Denied

Pending Inspection