

# Proof of Loss Form

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.



Customer Name:	<input type="text"/>	Address:	<input type="text"/>
Date:	<input type="text"/>	City:	<input type="text"/>
Contract Number:	<input type="text"/>	Province:	<input type="text"/>
Phone:	<input type="text"/>	Postal Code:	<input type="text"/>

## DEALERSHIP

Name:	<input type="text"/>	Phone:	<input type="text"/>	Contact Name:	<input type="text"/>
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## VEHICLE INFORMATION

Vehicle Year:	<input type="text"/>	Make and Model:	<input type="text"/>
Mileage:	<input type="text"/>	VIN:	<input type="text"/>

## CLAIM TYPE

TIRE & WHEEL	360 DEGREE GLASS	OTHERS
<input type="checkbox"/> Tire Repair <input type="checkbox"/> Tire Replacement <input type="checkbox"/> Rim Repair <input type="checkbox"/> Rim Replacement <input type="checkbox"/> Cosmetic Rim Repair	<input type="checkbox"/> Front Windshield Repair <input type="checkbox"/> Front Windshield Replacement <input type="checkbox"/> Side/Rear Glass Repair <input type="checkbox"/> Side/Rear Glass Replacement	<input type="checkbox"/> Dent & Ding Repair <input type="checkbox"/> Key/Remote Replacement <input type="checkbox"/> Rip/Tear/Burn Repair <input type="checkbox"/> Paint Repair <input type="checkbox"/> Head Light/Tail Light Repair <input type="checkbox"/> Head Light/Tail Light Treatment <input type="checkbox"/> Digital Screen Coverage

## TIRE INFORMATION - If Applicable

Tire Make:	<input type="text"/>	Tire Model:	<input type="text"/>	Tire Size:	<input type="text"/>	Tread Depth:	<input type="text"/>
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Describe damage in detail: (including cause of damage, size of crack, chip or dent, etc.)

Damage location on Vehicle:

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.

<b>X</b>	_____	<b>X</b>	_____
Contract Holder's Signature	Date	Authorized Dealer Representative	Date

**Please email the completed form to [claims@vehiclearmour.ca](mailto:claims@vehiclearmour.ca)  
To speak to a claims representative, please call 1-866-766-4566 ext 804**

<input type="checkbox"/> Authorized <input type="checkbox"/> Repair Only <input type="checkbox"/> Replace Date: _____ Authorization # _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending Inspection
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