

Completion of this form does not guarantee payment. Claims are subject to the terms of the policy. An incomplete form or missing documentation may result in the delay of claim processing.

CLAIM AND AUTHORIZATION FORM

CLAIM NO. _____

CLAIMANT INFORMATION

Full Name : _____ Home Phone: _____

Address: _____ Day Time Phone : _____

City : _____ Province: _____

Postal Code : _____

E-mail Address: _____

SUPPORTING DOCUMENTATION

Please submit this fully completed and signed Claim and Authorization Form in addition to the following documents:

- Original Sales Receipt
- Photocopy of your Credit Card Statement indicating these charges
- Copy of the detailed police/lost report
- If item is repairable, provide repair estimate
- If item is not repairable, please provide pictures

CLAIM INFORMATION

Describe in detail how the loss/damage/theft occurred:

Date of Incident: _____

Items being claimed	Purchase Date	Purchase Price (Incl. Tax)

If you have additional items to claim, please submit on a separate sheet.

Total Claimed: _____ Currency: _____

PURCHASE SECURITY INFORMATION

If loss resulted from theft, was the theft reported to the Police? Yes No

If yes, provide: Copy of the police report or police report file number: _____

Police department name: _____

Do you have Homeowners/Tenants/Business Insurance? * Yes No

If yes, provide: Name: _____ Policy number: _____ Deductible: _____

*** Purchase Security protection is secondary to any other insurance, such as Homeowners, Tenant, or Business insurance. If a Cardholder has such insurance, then the maximum amount covered under Purchase Security will be the amount of any applicable deductible. Cardholders with other insurance have a choice in reporting a claim to that insurance company; however, it is important to note that regardless of the decision to submit a claim or not, the amount paid under Purchase Security will be subject to the amount stated above.**

DECLARATION AND SPECIAL AUTHORIZATION

I warrant that the information provided on this form is full, complete and true. I acknowledge that the insurer may not be obliged to make any payment if I have misrepresented any material fact.

I understand my claim may be subject to review and investigation and I give RBC Insurance Company of Canada or their authorized agents authority to acquire any documents or statements from other insurers, financial institutions, any company or public/private organization which can provide information related to my claim, and I hereby consent to the disclosure of such information by RBC Insurance company of Canada to other sources as may be required for the processing of my claim.

A copy of this authorization shall have the same authority as the original.

Signature: _____ Date: _____

Please send the required forms and supporting documents to the following mailing address or fax number:

P.O. Box 97

Station A,

Mississauga, ON, L5A2Y9

Fax: 905-813-4701 or 1-888-298-6262

Email is not an option for submission of Claim documentation, due to privacy constraints