

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 additional to the following documents:

- Original Sales Receipt
- Photocopy of your Credit Card Statement indicating these charges
- Copy of the manufacturer's warranty certificate
- Written estimate of the repair from an authorized dealer

### CLAIM INFORMATION

Item being Claimed: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Amount claimed: \_\_\_\_\_  
Describe in detail how damage or malfunction occurred:

### EXTENDED WARRANTY INFORMATION

Manufacturer's name: \_\_\_\_\_  
Item serial number: \_\_\_\_\_ Malfunction date: \_\_\_\_\_  
Manufacturer Warranty Period: From: \_\_\_\_\_ To: \_\_\_\_\_

### 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 not an option for submission of Claim documentation, due to privacy constraints*