



## Proof of Loss

claims@carmaxx.ca | 1-888-248-5014

### Claims Details

PRIMARY INSURER CLAIM NUMBER	DATE OF LOSS (YYYY-MM-DD)
DESCRIPTION OF LOSS (PROVIDE POLICE FILE NUMBER IF APPLICABLE)	

### Insured Details

POLICY NUMBER	TYPE OF LOSS
FULL NAME	
INSURED'S CURRENT ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)	
INSURED'S CURRENT PHONE NUMBER	INSURED'S CURRENT EMAIL

### Total Loss: Complete Portion Below

**Choose one of the following**

Comprehensive Claim

Collision At Fault

Collision Not At Fault

**Provide documentation below**

Primary Insurance Papers

Bill of Sale of Loss Vehicle

Bill of Sale of Replacement Vehicle

Loss Adjustors Total Loss Evaluation

Fault Letter from Primary Insurer

Total Loss Settlement Cheque

Payment Receipt (Rental Vehicle Invoice)

### Partial Loss: Complete Portion Below

If your vehicle is involved in partial loss claim and is being repaired

**Choose one of the following**

Comprehensive Claim

Collision At Fault

Collision Not At Fault

**Provide documentation below**

Primary Insurance Papers

Letter From Primary Insurer

Repair Order

Repair Facility & Parts Supplier Invoice

Deductible Payment Receipt

Payment Receipt (Rental Vehicle Invoice)

### Key Fob Replacement

If a claim is being made for a lost or stolen key fob, the following documents are required

Payment Receipt

Key Fob Replacement Invoice from the Dealership

CARMAXX INSURANCE SERVICES LTD. must be notified of your claim within 30 days from the date of loss, or before repairs or replacement are made. Please submit this completed form and any required documents within 90 days of repair or replacement. Failure to do so 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.

Print Name

Signature

Date Signed