

Customer Information:

Authorization No.
Name of Contract Holder:
Phone (Work):
Street Address:
Province:

Date(MM-DD-YYYY)
Phone (Home):
Phone (Home):
City:
Postal Code:

Vehicle Information:

Year / Make / Model:
Kilometers at Issue
Vehicle Type & Drive (e.g., SUV – AWD, Car – 2WD):
Date of Purchase:
Province:

VIN (Vehicle ID Number):
Kilometers at Claim:
Registration Certificate Number:
Last Inspection Date:
Postal Code:

Claim Information:

Select Coverage Area(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Windshield Repair | <input type="checkbox"/> Tire & Rim Damage | <input type="checkbox"/> Dents & Ding |
| <input type="checkbox"/> Paint Repair | <input type="checkbox"/> Seat Repair | <input type="checkbox"/> Key Fob Replacement |

Details of Claim:

Estimate:

Part No. (#):	Amount (\$):	Labour	Total (\$):
Part No. (#):	Amount (\$):	Labour	Total (\$):
Part No. (#):	Amount (\$):	Labour	Total (\$):
Part No. (#):	Amount (\$):	Labour	Total (\$):

Repair Facility:

Dealer Name:	Contact Person:	
Phone/Fax:	Email:	
Address:		
Customer Signature:	Service Representative:	FINX Capital Authorized:
Date:	Date:	Date: