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## First Class & Companion Gap claim form

Please email to: [warranty@avivacanada.com](mailto:warranty@avivacanada.com) or fax to: 1-800-216-2833

Date : _____
Number of pages including this one : _____
Person in charge of file: _____
Dealer: _____
Telephone: _____ Fax: _____
Client Name: _____
Date of loss: _____
Certificate No.: _____
Cause of loss: _____

New	Used	Copy of documents required (Mark appropriate box for each document joint to present form)
<input type="checkbox"/>	<input type="checkbox"/>	1- Gap protection certificate
<input type="checkbox"/>	<input type="checkbox"/>	2- Proof of indemnity from client's Insurer (Proof of loss)
<input type="checkbox"/>	<input type="checkbox"/>	3- Client's detailed Insurance policy (not the travel copy)
<input type="checkbox"/>	<input type="checkbox"/>	4- Original sales or lease contract with client signature. Including the work sheet if it is a leased vehicle.
<input type="checkbox"/>	<input type="checkbox"/>	5- Original finance contract
<input type="checkbox"/>	<input type="checkbox"/>	6- Net balance due to the financial institution at time of loss (Creditor's pay out)
<input type="checkbox"/>	<input type="checkbox"/>	7- Extended Warranty/Life Insurance/ Disability Insurance refund amount
<input type="checkbox"/>	<input type="checkbox"/>	8- Copy of manufacturer's invoice of the loss vehicle showing the MSRP (new vehicle only). *** Ensure that freight/transport, a/c and tire taxes are indicated.

**Authorization:** I hereby authorize the dealer mentioned above and or **Aviva Elite Insurance Company** to obtain all the information regarding my claim as described above, and I grant access to all the information retained by my underwriter or broker. **I also agree that a copy of this form is considered as an original.**

Date: \_\_\_\_\_ Signature of insured: \_\_\_\_\_ (Obligatory)