



2106, boulevard Rosemont
Montréal (Québec) H2G 1T4

Telephone: 514-273-1723
Fax: 514-273-1317

ASSURED PERSON INFORMATIONS

NAME:		FIRST NAME:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
TEL.:	FAX:	E-MAIL:	

COMPLETE THIS SECTION IF CLAIM IS MADE FROM ASSURER

NAME:		FIRST NAME:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
TEL.:	FAX:	E-MAIL:	

LIST YOUR CLAIMS

DESCRIPTION WITH BRAND AND MODEL	QUANTITY	PRODUCT No.	INVOICE No.

REMARKS: _____
