QuickFax Claim Approval Form

SAL PROTECTION PLAN **COMPANION** EXTENDED WARRANTY

REPORTING THE CLAIM

1. Receive Customer's authorization to diagnose failure and estimate cost of repair.
2. Fax Claim Approval Form to the **CLAIM ADMINISTRATOR 1-888-444-0675**
3. The **CLAIMS ADMINISTRATOR** will call you with a decision and/or an authorization number.

CLAIMS AUTHORIZATION NUMBER MUST BE OBTAINED BEFORE COMMENCEMENT OF ANY REPAIRS.

Claim Submitted By: Name/Advisor

Dealership/Repair Facility

Telephone Number

Vehicle/Unit

VIN/HIN (Last 8 digits only)

Plate Number

Contract/Policyholder's Name

Contract/Policy Number

Repair Order Date

(M   M / D   D / Y   Y   Y   Y)

Repair Order Kms (if applicable)

Repair Order Number

Complaint

Cause

Correction

ATTACH DETAILED ESTIMATE <u>OR</u> COMPLETE THE SECTION BELOW.

Quantity	Part No.	Part Description	Amount	Labour (Hrs x Rates)

Total Parts $	Total Labour $	Total Sublet $	Subtotal	$
			Less Deductible	$

TO BE COMPLETED BY THE CLAIMS ADMINISTRATOR

Claims Adjudicator

Authorized Amount

Authorization Number

Attached Estimate?

Yes ❑   No ❑

Subtotal	$
Less Deductible	$
Towing	$
Rental	$
GST/HST	$
PST/RST/QST	$
Total	$

FORM 7349 (SEP/2011)