Millennium Insurance Corporation #200, 320 Sioux Road Sherwood Park, AB T8A 3X6



B.C. Anti-theft Claim Form

Authorization No.

Date		etchclaim@firstcanadian.ca					Fax 1 780 417 0935
Owner Inform						I =	
Certificate holder's Name				Home Telephone		Work Telephone	
Street Address				City	Prov	1	Postal Code
Vehicle Information							
Year Make Model		Model			Kilometers		
Registration Certificate Number Purchas			Purchase Date	urchase Date Date of		eft	
THEFT of vehicle resulting in a "TOTAL LOSS"							
The following documents are required: Copy of current registration. Copy of original bill of sale. Copy of reciepts for accessories or equipment added onto the vehicle. Replacement cost for the vehicle. Copy of the police report, showing the vehicle as stolen. Copy of the Insurance Company's final settlement cheque. Copy of the Insurance Company's Proof of total loss. Copy of vehicle rental (selected certs), if theft occurred more than 150 km from home. Copy of accommodations (selected certs), if occurred more than 150 km from home. Payment of this claim as follows, payable to:							
THEFT with vehicle RECOVERY							
Comprehensive deductible claim: The following documents are required:							
Home Insurance Deductible claim: The following documents are required: Copy of current registration Copy of the police report, showing the vehicle as stolen Copy of home insurance policy Copy of the Insurance claim Copy of a statement showing that the deductible was paid Millennium will forward the funds to the Customer.							
If police report	t is unable to be	obtained please pro	vide details of the	e occurrence leading up to t	he theft of t	he vehicle.	
				<u>.</u>			
Police report #: Name of detachment: Phone # for detachment:							
Selling Dealer Dealer Name				Contact Person		Telephone	
						<u> </u>	
Customer Signature			Service Representative			Millennium Authorized	