

320 Sioux Road Sherwood Park, AB T8A 3X6 Ph: 1-800-381-2580 MAPclaims@firstcanadian.ca

Millennium Asset Protection - Claim Form

*** TO BE COMPLETED BY THE POLICYHOLDER*** MAP Policy No:				
Millennium must be notified within 60 days of the vehicle being deemed a total loss.				
Owner Information				
Policyholder's Name	Company Name (Only if Vehicle is in Company name)			
Ownerst Mc Trans Address				
Current Mailing Address	City		Prov	Postal Code
Email Address		Daytime Phone		Evening Phone
		()		()
Vehicle Information				
Year Make and Model Trim / Series / Body Style Purchase Date				
Vehicle Identification Number		Date of Total Loss Odometer at L		Odometer at Loss
Cause of Total Loss - Please provide details				
MAP Claim Checklist				
The following documents are required for the claim. There will be issues or delays in processing the claim if any of the below				
information is missing.				
Completed and signed information Release Form				
Copy of policyholder's driver's license				
Copy of proof of ownership (current registration)				
Copy of primary insurance policy and proof that it was in force at the time of total loss				
Any documentation that provides details regarding any claims made under the primary insurance policy				
Completed and signed proof of loss form from the primary insurance company				
Any documentation that establish the date and cause of the total loss (eg. police report)				
Copy of the repair estimate (unless vehicle is a non-recovered theft)				
Copy of insurance cheque or bank receipt showing it has been deposited against the loan				
Copy of the Bill of Sale				
☐ All pages of the finance agreement				
Full statement of payments from the bank showing each payment made and the balance on each payment date				
Copies of any other aftermarket products purchased along with their refund amounts due to the total loss				
Millennium Insurance may request additional documents or information to help adjudicate the claim.				
The claim will not be processed or paid until you have received all amounts from the primary insurance policy, other coverages				
that are valid and collectible, and any other recoverable or refundable amounts.				
Commercial Use Disclosure: Vehicles used for commercial		•		<u> </u>
the use of the vehicle falls within the definition of <i>Light Commercial Use</i> and the <i>Light Commercial Use</i> option was selected on the Application Page.				
"Light Commercial Use" means use of the vehicle, for commercial or business purposes by a single driver, provided the vehicle is a				
passenger vehicle and is not used for any purpose outlined in section 5.2 (g) on the certificate.				
I acknowledge that I have read the Commercial Use Disclosure above, and I understand the defined conditions of eligibility. The fact of not revealing any commercial usage makes the present agreement null and void. I have also read, understood and accepted the terms and conditions contained in the MAP certificate. I understand that in the event of a payable claim all funds are forwarded to the Secured Lender. I authorize MIC and the Dealer to use and exchange information about me to administer, process and adjudicate claims under the MAP certificate.				
Customer Signature:		Date:		
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