

Platinum Appearance Service Plan Claim Form

Forms GA7790

First Canadian Protection Products
320 Sioux Road
Sherwood Park, AB T8A 3X6
780-417-5486 or 1-800-381-2580

Date	Authorization #
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Owner Information			
Customer's Name	Home Telephone	Work Telephone	
Street Address	City	Prov	Postal Code

Vehicle Information			
Year	Make	Model	Vehicle ID Number
Certificate Number	Purchase Date	Odometer at Purchase	Odometer at Claim

Repair Facility			
Dealer Name	Contact Person	Telephone	
Street Address	City	Prov	Postal Code

Claim Information		
Service	Location	Estimate
<input type="checkbox"/> Dent repair <input type="checkbox"/> Scratch repair	<input type="checkbox"/> Body panel <input type="checkbox"/> Driver <input type="checkbox"/> Front <input type="checkbox"/> Door panel <input type="checkbox"/> Passenger <input type="checkbox"/> Rear	Repair cost _____ Sublet _____ Sublet mark-up _____ Taxes _____ Total _____
<input type="checkbox"/> Cut, tear, or burn repair	<input type="checkbox"/> Seat <input type="checkbox"/> Driver <input type="checkbox"/> Front <input type="checkbox"/> Passenger <input type="checkbox"/> Rear	
<input type="checkbox"/> Chip repair <input type="checkbox"/> Crack repair	<input type="checkbox"/> Windshield <input type="checkbox"/> Headlight	
<input type="checkbox"/> Rim repair <input type="checkbox"/> Tire repair Tread depth _____ / 32	<input type="checkbox"/> Driver Front <input type="checkbox"/> Passenger Front <input type="checkbox"/> Driver Rear <input type="checkbox"/> Passenger Rear	Repair cost _____ Sublet _____ Sublet mark-up _____ Mount & balance _____ Taxes _____ Total _____

Windshield repair up to \$100 for 1st repair and \$20 for 2nd per visit.
 Labour on tire and rim repairs may not exceed \$80 including taxes.
 Repairs on damaged tires must be patch & plug repairs. Plug-only repairs are not permitted.
 Sublet mark-up is limited to 20% of the sublet cost to a maximum of \$100.

Details of incident (to be completed by vehicle owner)		

Owner's Signature	Service Representative's Signature	Claims Agent's Signature
Date	Date	Date

Email this completed form, signed work order, and photos of damaged area(s) to AncillaryService@firstcanadian.ca.