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1-800-269-2728

Please submit to: Aviva@assistancesolutions.ca or Fax to: 1 866 588-0181

.
 . **Date of submission:** _____
 . **Number of Pages Including this one:** ____
 . **Business manager designated to file:** _____
 . **Dealership:** _____
 . **Contact Information:** _____ **Fax number/ E-mail:** _____
 . **Name of Certificate holder:** _____ **Date of Loss:** _____
 . **Certificate number:** _____
 . **Cause of loss (i.e.: Fire, Theft or collision):** _____

NEW	USED	In order to proceed with the submission of a GAP claim, the following documents are required. Check the boxes below to indicate the documents you have submitted. (We understand certain documents may not be at your disposal right away.)
		1- GAP Protection certificate (Declaration page)
		2- Proof of indemnity from certificate holder's primary insurer (PROOF OF LOSS)
		3- Client's detailed insurance policy (NOT the liability slips). We need all pages listing coverage.
		4- Original sales contract (Bill of sale) with client signature.
		5- Original finance contract
		6- Net balance due to the financial institution at the time of loss (Creditor payout)
		7- Extended warranty/ Life Insurance/ Disability Insurance cancellation form with refund amount (If applicable)
		8- Copy of manufacturer's invoice of the described vehicle showing MSRP (New vehicle only). ***Ensure that freight/transport, a/c and tire taxes are indicated***

PLEASE NOTE THAT CLIENTS MAY HAVE CHANGED ADDRESS SINCE GAP POLICY INCEPTION, PLEASE PROVIDE MOST CURRENT HOME ADDRESS

Home Address: _____

Authorization: I hereby authorize the dealer mentioned above and or **Aviva Elite Insurance Company** to obtain all the information regarding my claim as described above, and I grant access to all the information retained by my underwriter or broker. **I also agree that a copy of this form is considered as an original.**

Date: _____ **Signature of insured:** _____ **(Obligatory)**