

HOW TO MAKE A CLAIM

1. **Print** the following form below
2. Please ensure that **all requested information is submitted** as incomplete forms will be returned to you.
3. Please **include all documents** required:
 - a copy of the original cell phone purchase invoice;
 - a copy of the new cell phone purchase invoice;
 - copies of your three most recent monthly VISA Desjardins statements showing your cell phone payments.* If this is your second claim, please provide the last 12 consecutive monthly VISA Desjardins statements.
4. **Please forward your claim forms and documents to:**

Lombard Canada Ltd.
Claims Department – VISA
P.O. Box 804, Station B
Montreal, Qc
H3B 2Z9

Forms missing required documents will be returned to you.
Your claim will be properly examined within 30 days following receipt of your completed forms and required documents.

NUMBER: NEW

LOMBARD CANADA / VISA DESJARDINS FOR STUDENTS ONLY
INSURANCE CLAIM FORM -- CELL PHONE INSURANCE
Electronic version

To the VISA Desjardins FOR STUDENTS ONLY cardholder,

To ensure your claim is processed quickly, please complete this form.

A. PERSONAL INFORMATION

Cardholder Name: _____

DESJARDINS VISA Account No.: _____

Mailing Address: _____

Telephone Home: _____ Business: _____

Name of claimant, if other than Cardholder: _____

Relationship to cardholder: _____

B. LOSS DETAIL

1. PLEASE, PROVIDE YOUR ORIGINAL INVOICE AND REPLACEMENT INVOICE

please check one box

return my original bills or
destroy my original bills

2. Please provide the three most recent monthly account statements for your VISA Desjardins FOR STUDENTS ONLY card. (If this is your second claim, please provide the last 12 monthly statements.)

3. Type of item: _____

4. Date of purchase: _____

5. Retailer: _____

6. Address: _____

7. Total cost of item \$ _____

8. Amount claimed \$ (a maximum of \$200) _____

9. Do you have home insurance? Yes _____ No _____
Do your parents have home insurance? Yes _____ No _____

10. Please, provide the name of your home insurance broker:

Broker: _____

Phone #: _____

Policy #: _____

Deductible amount _____

a) Have you submitted a claim? Yes _____ No _____

b) Have you received a settlement? _____
Amount \$ _____

c) Please, supply us with a copy of the settlement details.

11. Details of loss a) Describe your loss. For example, is your cell phone lost or has it been stolen? How did you lose your cell phone?

a) Date of loss: _____

b) Please, describe your loss

12. In case of theft: was it reported to police force? (Y/N) _____
Police file number: _____

"This coverage is in excess of other available insurance. If property is covered by any other insurance policy, claims must be submitted under that policy and settlement details provided to Lombard Canada as soon as available."

SIGNATURE _____

DATE _____