

## **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 receipt;
  - a copy of the VISA statement showing your purchase transaction;
  - a copy of the manufacturer's warranty;
  - a copy of a repair estimate OR the retailer's written confirmation that the good is non repairable.
4. **Please forward your claim forms and documents to:**

Lombard Canada Ltd.  
Claims Department – VISA  
P.O. Box 804, Station B  
Montreal, Qc  
H3B 3K5

Please ensure that all requested information is submitted as incomplete forms will be returned to you. Your claim will be properly examined within 30 days following receipt of your completed forms and required documents.

**LOMBARD CANADA / VISA DESJARDINS PRESTIGE  
INSURANCE CLAIM FORM  
EXTENDED WARRANTY**

Dear VISA DESJARDINS PRESTIGE Cardholder,

In order to ensure prompt processing of your claim, please provide the following information:

**A. PERSONAL INFORMATION**

Cardholder Name: \_\_\_\_\_

VISA DESJARDINS PRESTIGE Account No.: \_\_\_\_\_

Complete Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Business: \_\_\_\_\_

Name of claimant, if other than cardholder: \_\_\_\_\_

Relationship to cardholder: \_\_\_\_\_

**B. CLAIM DETAIL**

1. Type of item: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Serial #: \_\_\_\_\_

4. Manufacturer's name: \_\_\_\_\_

5. Date of purchase: \_\_\_\_\_

6. Warranty period from \_\_\_\_\_ to \_\_\_\_\_

7. Bought from: \_\_\_\_\_

8. Address: \_\_\_\_\_

9. Provide your original merchant's receipt.

Please check one box

Return my original bills  or

Destroy my original bills

10. Provide your VISA DESJARDINS PRESTIGE sales draft.

11. **PROVIDE AN ESTIMATE FOR THE REPAIRS (IF APPLICABLE).**

12. Provide written confirmation that the item is not repairable (if applicable).

13. Provide the original warranty.

14. Details of Claim

a) Date of malfunction: \_\_\_\_\_

b) Please, describe the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_