

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 Desjardins statement showing your purchase transaction;
 - a copy of a repair estimate OR the retailer's written confirmation that the good is non reparable (if applicable).
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
PURCHASE SECURITY

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. LOSS DETAIL

1. PLEASE, PROVIDE YOUR ORIGINAL INVOICE

please check one box

return my original bills or

destroy my original bills

2. Please, provide your VISA DESJARDINS PRESTIGE sales draft

3. Type of item: _____

4. Date of purchase: _____

5. Retailer: _____

6. Address: _____

7. Total cost of item \$ _____

8. Amount claimed \$ _____

9. Do you 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

b) Date of loss: _____

a) 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 _____