



ASSURANT®

American Bankers Insurance
Company of Florida

P.O. Box 7300 Kingston, Ontario K7L 0B2
Toll Free: 1-888-409-4442 Fax: 1-888-315-7377
Email: inclusive.benefits@assurant.com

**EXTENDED WARRANTY
CLAIM FORM**

SECTION 1 – DOCUMENTS REQUIRED TO PROCESS CLAIM

Fully complete, sign, and return this form along with the following documents to the address indicated above in order to avoid a delay in processing your claim. When submitting original copies, please do keep a copy for your records.

- The original sales receipt detailing the cost, date and description of purchase.
- The Desjardins credit card account statement showing the charge and/or the redemption of your BONUSDOLLARS.
- A copy of your Desjardins credit card account statement at date of loss.
- A copy of the Original Manufacturer’s Warranty.
- A copy of the written repair estimate (for damage claims).
- A police, fire, insurance claim or loss report or other report of the occurrence of the loss sufficient for determination of eligibility for the benefits hereunder.

At the sole discretion of the insurer, you may be required to send, at your own expense, the damaged item on which a claim is based to the Insurer in order to support your claim.

SECTION 2 – INSURED INFORMATION

NAME OF CARDHOLDER (LAST, FIRST)	DESJARDINS CREDIT CARD NUMBER (FIRST 6 - LAST 4)
EMAIL ADDRESS (OPTIONAL)	HOME TELEPHONE NUMBER () -
ADDRESS OF CARDHOLDER	

SECTION 3 – CLAIMED ITEM INFORMATION (PLEASE ATTACH ADDITIONAL ITEM(S) LIST AS NEEDED)

DESCRIPTION OF ITEM	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER
PURCHASE DATE YYYY MM DD	NAME OF VENDOR WHERE ITEM WAS PURCHASED		PURCHASE PRICE \$
WAS THE ITEM(S) GIVEN AS A GIFT(S)? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE PROVIDE NAME AND ADDRESS OF RECIPIENT(S) BELOW)			

SECTION 4 – DETAILS OF LOSS

EXPLAIN HOW THE MALFUNCTION OCCURRED			
DATE MALFUNCTION OCCURRED YYYY MM DD	MALFUNCTION TYPE <input type="checkbox"/> MECHANICAL BREAKDOWN <input type="checkbox"/> FAILURE <input type="checkbox"/> OTHER (PROVIDE DETAILS:)		

PLEASE COMPLETE AND ATTACH ALL DOCUMENTS AS OUTLINED IN SECTION ONE. THANK YOU.

W-DES-EXTWAR (02-17)

