



# Benefits Request Form



Policy Number: \_\_\_\_\_

You must report and submit your request immediately, or as soon as practicable, and prior to initiating repairs or replacement. Do not proceed with repairs or replacement until authorized by Optiom.

Please contact our Client Care Department to discuss questions or concerns regarding coverages.

## INSURED

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

## DESCRIBED VEHICLE

Vehicle: \_\_\_\_\_

VIN: \_\_\_\_\_

Current Odometer: \_\_\_\_\_

Is the vehicle used/insured for commercial purpose? Yes No

Please provide details including rate class listed on insurance documents:

## LESSOR OR LIENHOLDER

Name of Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

## PRIMARY INSURER

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

Policy: \_\_\_\_\_ Claim No: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there any other supplemental coverage for the vehicle? Yes No

Details:

Send completed Benefit Request Form and supporting documentation to:

clientcare@optiom.com

or

Client Care Department c/o Optiom Inc

314, 9525- 201 St

Langley, BC V1M 4A5

Telephone:1-800-613-3705

Fax:1-800-613-3708

## LOSS DETAILS

Date of Loss: \_\_\_\_\_ Police Case Number: \_\_\_\_\_

Claim Event:

Collision:

	Single Vehicle	Multi-vehicle	
	At fault	Partially	Not
Animal Impact			
Fire			
Glass: Windshield		Non-windshield	
Hit & Run			
Theft of Vehicle			
Vandalism			

## BENEFIT REQUEST

Applicable Benefits:

- Total Loss (Write Off)<sup>1,2</sup>
- Vehicle Value Appreciation Benefit<sup>1,2</sup>
- Specified OEM Parts Replacement<sup>2</sup>
- Deductible Reimbursement<sup>2</sup>
- Diminished Vehicle Value Benefit<sup>2,3</sup>
- Premium Increase Benefit<sup>2,3</sup>
- Key FOB Reimbursement Benefit<sup>3</sup>
- Rental Vehicle Reimbursement Benefit<sup>2</sup>
- Child Car Seat Reimbursement Benefit<sup>2</sup>
- Negative Equity<sup>2</sup>

<sup>1</sup> The insured vehicle must be deemed a total loss by your auto insurer to qualify as a total loss benefit under the Optiom policy.

<sup>2</sup> We will only pay benefits if an automobile insurer pays your automobile insurance claim under your automobile policy.

<sup>3</sup> These benefits are limited to a single use, and the associated add-on will be terminated upon payment.

ASSIGNMENT: DIRECTION TO PAY

RELEASE

Optiom, upon making a payment for deductible reimbursement is assigned all rights of recovery for the amount paid should it later be determined the deductible be in-applicable. The undersigned hereby irrevocably authorizes and directs you to make all monies due and payable in respect to the deductible refund be payable to Optiom Inc.

I hereby authorize my primary auto insurer and broker to release all claim information required by Optiom Inc. for the purpose of determining my eligibility for the benefit(s) under my policy. Optiom Inc. may use my personal information if necessary, when contacting insurers, brokers, body shops and/or dealerships to process benefits.

Signature (1st Insured)

Date

Signature (2nd Insured)

Date



INSTRUCTIONS



Do not proceed with repairs or replacement until authorized by Optiom. We will only pay benefits if an Automobile Insurer pays Your Automobile Insurance claim under your Automobile Policy. The Insured Vehicle must be deemed a total loss by your Automobile Insurer to qualify as a total loss benefits under the Optiom Declaration. Contact the Client Care Department to discuss questions or concerns regarding coverages

<p><b>A. Total Loss Benefits</b></p> <p>1. Total Loss Benefit (NEW &amp; USED Vehicles).....</p> <p>2. Optional Vehicle Value Appreciation Benefit (USED Vehicles Only).....</p>	<p>If your vehicle has been written off by your primary auto insurer and you are requesting benefits for the replacement of your vehicle under your policy, Please provide the following information listed below.</p> <p>1 2 3 4 5 6 10 11</p> <p>1 2 3 4 5 6 10 11</p>
<p><b>B. Optional Coverage Benefits</b></p> <p>1. Partial Loss O.E.M Benefit (NEW Vehicles Only) .....</p> <p>2. Partial Loss Deductible Reimbursement .....</p> <p>3. Total or Partial Loss Rental Vehicle Reimbursement Benefit .....</p> <p>4. Key FOB Reimbursement Benefit .....</p> <p>5. Diminished Vehicle Value Benefit .....</p>	<p>If you are requesting under your optional coverage benefits, Please provide the following information listed below.</p> <p>1 3 7 8 9 11</p> <p>1 3 7 8 11</p> <p>1 3 7 8 11 12</p> <p>1 3 11 13 14</p> <p>1 3 7 11 16</p>

- 1 A fully completed Benefits Request Form including your Policy Number and Date of Loss.
- 2 Documentation from the Lender/Lessor confirming the Outstanding Loan or Lease Amount.
- 3 An e-mail address for prompt service.
- 4 A copy of your Mitchell Total Loss Evaluation or similar from your Primary Auto Insurer.
- 5 A copy of the cheque from your primary auto insurer showing their contribution amount (including any deductible charged).
- 6 A copy of your Original Bill of Sale for the vehicle that was written off.
- 7 A copy of your primary auto insurer’s repair estimate and/or a detailed invoice from the body shop.
- 8 A copy of your receipt showing payment of the deductible and/or OEM parts.
- 9 A copy of your OEM parts invoice from the body shop.
- 10 A copy of your Police Report detailed the circumstances surrounding the Total Loss
- 11 A copy of your Primary ICBC, or other primary auto insurance declaration pages confirming coverage.
- 12 A copy of your rental car invoice showing the total amount paid as well as the amount your primary auto insurance paid on your behalf. **Note: In order to request reimbursement for your rental vehicle you must have rental coverage (loss of use) on your primary auto policy.**
- 13 A copy of the original purchase receipt for the FOB or Child Car Seat.
- 14 A copy of the new purchase receipt for the FOB or Child Car Seat.
- 15 Documentation from your primary auto insurer stating the increase in premium at policy renewal due to at fault accident.
- 16 Documentation from your primary auto insurer stating you were not at fault for the accident.

Forward completed Benefits Request Form and supporting documentation to:

Client Care Department	Fax: 1-800-613-3708	For phone enquiries,
Optiom Inc		Call 1-800-613-3705
314, 9525 - 201 St.	By Email: <a href="mailto:clientcare@optiom.com">clientcare@optiom.com</a>	
Langley, BC V1M4A5		

You must contact Optiom within 90 days of the Date of Loss

# AUTOMOBILE PROOF OF LOSS

IBC CLAIM FORM NO.2

This form is provided to comply with the Insurance Act,  
and without prejudice to the liability of the Insurer.

CLAIM NO. \_\_\_\_\_

AGENT/BROKER \_\_\_\_\_

INSURER \_\_\_\_\_ under Policy No. \_\_\_\_\_

INSURED \_\_\_\_\_  
Name Address

under Policy No. \_\_\_\_\_ in force until \_\_\_\_\_

against loss or damage to the vehicle described below which is licensed in the name of and owned by the Insured, according to the provisions of the policy.

Year, Make, Model \_\_\_\_\_

Serial No. \_\_\_\_\_ Licence Plate No. & Province \_\_\_\_\_

Purchased on \_\_\_\_\_ from \_\_\_\_\_ for \$ \_\_\_\_\_

The loss or damage occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, about the hour of \_\_\_\_\_ o'clock \_\_\_\_\_ M

at \_\_\_\_\_

caused by \_\_\_\_\_

Police at \_\_\_\_\_ were notified on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

During the term of the policy there has been no other insurance, valid or invalid, on the vehicle, and no person, firm, or corporation, other than the Insured, has had any interest therein, and there is no lien, chattel mortgage, or conditional sales agreement thereon, except:

**GOODS AND SERVICES TAX:** The amount claimed should be net of recoverable GST.

Is the Insured registered for GST? YES  NO

If the answer is YES, please state: a) Registration Number \_\_\_\_\_ b) Percent Recoverable \_\_\_\_\_

The total amount of loss or damage so caused is \_\_\_\_\_ \$ \_\_\_\_\_

GST \_\_\_\_\_ \$ \_\_\_\_\_

Deductible \_\_\_\_\_ \$ \_\_\_\_\_

The total amount claimed of the Insurer in respect of the loss or damage is: \_\_\_\_\_ \$ \_\_\_\_\_

The loss or damage did not occur through any willful act or neglect, procurement, or connivance of the Insured or this declarant, neither is there included in this claim any amount for anything which was not lost or damaged and owned by the Insured at the time of the occurrence.

Payment of this claim to \_\_\_\_\_

is hereby authorized and in consideration of such payment the Insurer is discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in the vehicle or any part or equipment thereof is hereby transferred to the Insurer only in the event that this claim is based upon the whole value of the vehicle because it has been lost, destroyed or damaged beyond economical repair and the Insured agrees immediately to notify the Insurer in the event of its recovery.

I, the Undersigned, \_\_\_\_\_

do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**DECLARED** severally before me at \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Date

Commissioner for Oaths or Affidavits

Insured

Note: if a company or partnership, indicate  
Declarant's position or title