



BUYER PROTECTION CLAIM FORM Purchase Guard & Extended Warranty

FOR PROMPT PROCESSING OF YOUR CLAIM, PLEASE:

1. Answer all questions on this report and return to address as noted above.
2. Provide a copy of your billing statement, itemized store receipt for item purchased, repair bill and any other pertinent information for this claim.
3. If claim is for Extended Warranty, please provide copy of the original warranty wording.

ACCOUNT INFORMATION

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE (BUSINESS): _____ (HOME) : _____ FAX NUMBER: _____
 EMAIL ADDRESS: _____
 ISSUING CREDIT UNION/CAISSE: _____

DESCRIPTION OF PURCHASE

Type of Item: _____ Manufacturer: _____
 Purchase Date: _____ Item Purchase Price (including tax): \$ _____
 Was the total purchase price of the item paid using your debit card? Yes No
 If no, what amount of purchase was charged to your debit card? \$ _____

DESCRIPTION OF LOSS

Claim must be presented within 90 days of Incident

Date of Loss: _____ Location of Loss _____
 Police Notified: Yes No Department Contacted: _____
 Occurrence No.: _____ Officer or Badge No.: _____
 Please describe in detail what happened: _____

Please do not dispose of item until all claims have been settled. You may be required to send damaged item to CUMIS.

Other Insurance Coverage for this loss

Note: This policy is secondary to any other insurance you may have. Please provide us with a copy of the declaration page of your Homeowners/Rental/Condo Insurance. If you do not have any other insurance and the amount of your claim is over \$500.00, this claim form must be notarized.

You are required to file a claim with any insurance company that may cover this occurrence. If you have done so and are awaiting a response, please attach a copy of your claim to this form.

PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED

Signature of Card Holder _____ Date _____

Signature and Seal of Notary Public _____ Date _____