

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 on page 2.
2. Provide a copy of your credit union account 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 and report from the authorized service provider.

Part 1 – Account Information

Name of account holder (<i>first, last</i>)	
Address (<i>include street address, city, province and postal code</i>)	
Telephone number (<i>business</i>)	Telephone number (<i>home</i>)
E-mail address	
Issuing credit union/caisse	Account type and number

Part 2 – Description of Purchase

Type of item	Make	Model	
Purchase date (<i>mm/dd/yyyy</i>)	Warranty period	Item purchase price (<i>including tax</i>) \$	Replacement cost now \$
Was the total purchase price of the item paid using your debit card?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what amount of purchase was charged to your debit card?		\$ <input type="text"/>	

Part 3 – Description of Loss

Claim must be presented within 90 days of date of loss.

Date of loss (mm/dd/yyyy)	Location of loss
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1. Police Notified? YES NO

Department contacted	Occurrence number	Officer and badge number
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2. 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.

Part 4 – Other Insurance

Identify other insurance that would respond to this loss:

Insurance Company	
Policy Claim No.	Adjuster
Telephone number	Amount paid by other Insurer \$

Part 5 – Signatures

Signature of account holder	Date (mm/dd/yyyy)
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PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED

