

Damage Claim

Attention:

Insurer name

Contact name

Address

Email address

Phone number

Policy number

Approve repairs to (CLAIMANT)

Name

Steven Yan

Address

42 KANATA

City, Province,
Postal Code

Pointe Claire, Quebec, H9R 5V3

CLAIMANT'S
NAME

Steven Yan

DATE

REFERENCE
OR CLAIM