



**Armis  
Insurance  
Solutions Ltd.**

#309 - 223 Nelson's Crescent, New Westminster, BC V3L 0E3 | 604 229 0115 | claims@armisinsurance.com

## Deductible Reimbursement Form (for Partial Loss Claims)

### Policyholder Details

FULL NAME	POLICY #
PHONE NUMBER	E-MAIL ADDRESS
ADDRESS	

### Claim / Incident Details

#### CAUSE OF LOSS

Select one.

Collision - At Fault

Collision - Not At Fault

Comprehensive i.e. Theft, Vandalism, Windshield Damage, etc.

ODOMETER	CLAIM #
DATE OF INCIDENT (MM/DD/YYYY)	LOCATION OF INCIDENT

#### TELL US WHAT HAPPENED

Please include the police file #, if applicable.



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## Repair Shop Details

SHOP NAME	CONTACT PERSON
PHONE NUMBER	E-MAIL ADDRESS

## Required Documents

Primary Insurance Documents	Repair Shop Invoice	Armis Insurance Policy Document
Repair Estimate	Deductible Payment Receipt	Police Report (If Applicable)*

### IF YOU ARE AT FAULT

Letter from Primary Insurer

*\*Note: A copy of the police report of claims involving any theft, vandalism, or hit & run is required for us to pay your claim.*

## Important

Claims must be reported **within 30 days** from the date of loss/incident or before repairs or replacement are made. This form must be completed and submitted along with any required documents **within 90 days** of the date of loss/incident. **Failure to accomplish the above mentioned tasks may result in denial of coverage.**

By signing below, you confirm that all information contained in this form or any required documents are true to the best of your knowledge.

DATE (MM/DD/YYYY)	SIGNATURE
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## Submission

E-mail to [claims@armisinsurance.com](mailto:claims@armisinsurance.com)