



**Armis
Insurance
Solutions Ltd.**

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

OEM Reimbursement Form

Policyholder Details

FULL NAME		PHONE NUMBER
POLICY #	CLAIM #	E-MAIL ADDRESS
ADDRESS		

Repair Shop Details

SHOP NAME	CONTACT PERSON
PHONE NUMBER	E-MAIL ADDRESS

Other Required Documents

Primary Insurance Documents	OEM Payment Receipt
Repair Estimate	Armis Insurance Policy Document
OEM Repair Shop Invoice	Deductible Reimbursement Form (If Applicable)*

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.**

Submission

E-mail to claims@armisinsurance.com