



**Armis  
Insurance  
Solutions Ltd.**

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## 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 ICBC Insurance Documents (Pg. 1 & 2)	OEM Payment Receipt
Repair Shop Invoice including OEM parts	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.**

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)