



#309 - 223 Nelson's Crescent, New Westminster, BC V3L 0E4 | 604 229 0115 | claims@armisinsurance.com

Total Loss Claim Form

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	LOCATION OF INCIDENT

TELL US WHAT HAPPENED

Please include the police file #, if applicable.



**Armis
Insurance
Solutions Ltd.**

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Required Documents Checklist

Primary ICBC Insurance Documents (Pg. 1 & 2)	Original Bill of Sale (Loss Vehicle)
Letter from Primary Insurer	Loss Adjustors Evaluation (Mitchell Report)
Total Loss Settlement Cheque	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

Submission

E-mail to claims@armisinsurance.com