

1. Member information

Member name		Contact person	(First) (Middle) (Last)
Contact phone number		Contact email	
Driver's name	(First) (Middle) (Last)	Driver's license Number	
Schedule number		Vehicle description	
VIN		Passenger(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

2. Third party information

Registered owner's name	(First) (Middle) (Last)	Registered owner's phone no.	
Vehicle description		Driver's name (if different from owner)	(First) (Middle) (Last)
Driver's license number		Insurance company	
Insurance policy		Passenger(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name(s)	(First) (Middle) (Last)	Phone number(s)	
	(First) (Middle) (Last)	Phone number(s)	

3. Loss information

Date of loss (MM/DD/YYYY)		Loss location (address)	
Weather condition			

4. Injury and damage

	Member driver		Third party driver	
Estimate of damages	\$		\$	
Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe				
Seat belt worn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the driver under the influence of medication, alcohol, or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list				
Police case file number				
Police report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Statement attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional comments and information:

*Please complete as much information as possible and include incident report.

5. Signature & authorization

Name	<small>(First)</small>			<small>(Middle)</small>	<small>(Last)</small>
Signature	X	Date (MM/DD/YYYY)			

6. Submission instructions

Please submit all claims to claims@abmunis.ca.
After hours emergency claims service: **1.866.939.2862**