

# Third Party Liability Claim Form

## SECTION A: Student Information

First Name		Last Name	Date of Birth (DD/MM/YYYY)
Policy Number	Policy Effective Date (DD/MM/YYYY)	Policy Expiry Date (DD/MM/YYYY)	

### FULL ADDRESS IN CANADA

Unit #	Street Name and #	City	Province	Postal Code
Telephone	Mobile	Email		

## SECTION B: Claimant Information

Name(s) of Claimant(s)	
Claimant(s) Email Address(es)	
Phone (Day)	Phone (Evening)

### FULL ADDRESS OF PROPERTY DAMAGED ( CHECK IF SAME AS STUDENT ADDRESS)

Unit #	Street Name and #	City	Province	Postal Code
--------	-------------------	------	----------	-------------

### DESCRIBE IN DETAIL WHAT THE STUDENT WAS DOING AND WHAT DAMAGE RESULTED (USE REVERSE IF NEEDED):

Date of Damage (DD/MM/YYYY)	Cost of Damage (\$CAD)	Home Insurance Deductible Amount (\$CAD)
-----------------------------	------------------------	--

### ATTACH AND CHECK ALL THAT APPLY:

- Photos of Damage
- Replacement or Repair Receipt(s)
- Confirmation of Repair / Replacement Estimate
- Copy of Home Insurance (showing deductible amount)

## SECTION C: Authorization To Pay

### THIS CLAIM IS PAYABLE TO:

Insured  Parent/Guardian (Full Name):   Other:

### PAYMENT METHOD - CANADIAN BANK ACCOUNTS ONLY

- Cheque  Electronic Funds Transfer (For EFT payments, complete fields below and check for accuracy). Example here.

Bank Name	Account Holder Name	Payee Name (if different from account holder)	
Account Holder Address			
Payee Email	Transit Number (5 digits only)	Financial Institution (3 digits only)	Account Number (7 digits only)

## SECTION D: Authorization and Certification

The Underwriters ("HDI Global Specialty SE - Canadian Branch"), Ingle Lewer International Insurance ("Ingle Lewer"), its agents (AF24 / Penfield), and administrators, are obliged to collect and retain certain personal and/or health information about you in connection with your insurance coverage. We use and disclose this information only for the purposes of administering your policy/policies of insurance, providing customer service, and in assessing and paying claims. We are committed to protecting the privacy, confidentiality, and security of the personal information we collect, use, retain, and disclose. Your personal information will be used only for the purposes of providing you with the requested insurance services. HDI Global Specialty SE - Canadian Branch and Ingle Lewer's complete privacy policies are available upon request.

I authorize any doctor, medical practitioner, hospital, facility providing medical or health-related services, third-party administrator, provincial plan, and any other insurer to release and exchange with HDI Global Specialty SE - Canadian Branch, Ingle Lewer or its representatives, any information (including personal health data and records) required to process this claim. I authorize any third party providing me with assistance in this claim process to have access to any and all relevant claims information related to the adjudication of my claim with DI Global Specialty SE - Canadian Branch, Ingle Lewer. I authorize Ingle Lewer to coordinate the payment

of benefits with any insurance carriers that may have a liability for this claim and assign to Ingle Lewer any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Ingle Lewer. I confirm below by my signature that I am authorized to act on behalf of any of my dependents for these purposes. A photocopy of this authorization shall be as valid as the original.

I certify that the information provided in connection with this claim is complete, true, and accurate.

Signature	Date (DD/MM/YYYY)
-----------	-------------------

**ATTACH ALL INVOICES AND RECEIPTS AND SUBMIT YOUR CLAIM BY EMAIL TO:**

claims@inglelewer.ca

OR SUBMIT YOUR CLAIM BY MAIL TO:

IngleLewer/AF24  
260 Hearst Way, Suite 310  
Ottawa, Ontario, CANADA K2L 3H1