



T// 1.800.613.3705
F// 1.800.613.3708
E// clientcare@optiom.com

314-9525 201 St
Langley, BC V1M 4A5

Key FOB Reimbursement Benefit Confirmation

Insured Name(s): _____

Policy Number: _____

Date of Loss: _____

I, _____ (print name(s)), confirm that I received _____ (number) key FOBs when I acquired the vehicle listed on my Optiom policy Declaration page. I confirm that my key FOB was lost or stolen on the date shown above.

I, _____ (print name(s)), certify that the above information is true and accurate.

(1st Policy Holder) Print name and Signature

(2nd Policy Holder) Print name and Signature

Date Signed