

## Benefits Request Form

Insured	Loss Details
<p><b>Optiom Policy #:</b> _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Prov: _____ Postal Code: _____</p> <p>Email: _____</p> <p>Phone: Home: _____</p> <p style="padding-left: 40px;">Work: _____</p> <p style="padding-left: 40px;">Cell: _____</p>	<p>Date of Loss: _____ <small>(MM/DD/YY)</small></p> <p>Type of Loss: _____ <small>(Collision, windshield, animal impact, theft, etc.)</small></p> <p><b>Described Vehicle</b></p> <p>Vehicle: _____</p> <p>VIN: _____</p> <p>Odometer at time of loss: _____</p> <p>Vehicle Use: _____ <small>(Personal, Commercial, Ride Service, Delivery etc.)</small></p> <p><b>Primary Insurer</b></p> <p>Company: _____ Claim#: _____</p>
<p><b>Total Loss Only:</b></p> <p>Adjuster Name: _____ Phone: _____</p> <p>Email: _____ Police Case#: _____</p>	
Assignment: Direction to Pay	Release
<p>Optiom Inc., upon making a payment for deductible reimbursement is assigned all rights of recovery for the amount paid should it later be determined the deductible be in-applicable. The undersigned hereby irrevocably authorizes and directs you to make all monies due and payable in respect to the deductible refund be payable to Optiom Inc.</p> <p>I confirm all information provided regarding this claim is true and accurate to the best of my knowledge.</p> <p style="text-align: center;">Signature (1<sup>st</sup> Insured): _____ Date: _____</p> <p style="text-align: center;">Signature (2<sup>nd</sup> Insured): _____ Date: _____</p>	<p>I hereby authorize my primary auto insurer to release all claim information required by Optiom Inc for the purpose of determining my eligibility for the benefit(s) under my policy. Optiom Inc. may use my personal information, if necessary, when contacting insurers, brokers, body shops and/or dealerships to process benefits.</p>

Please complete this form and forward it and supporting documentation (list found on Instruction Sheet) to Optiom by email at [claims@Optiom.com](mailto:claims@Optiom.com). If you have any questions or concerns, please feel free to contact us in one of the following ways:

Email: [claims@Optiom.com](mailto:claims@Optiom.com)  
 Phone: 1-844-427-7587  
 Fax: 1-800-613-3708

Mail: Client Care Department c/o Optiom Inc.  
 314, 9525 – 201 Street  
 Langley, BC V1M 4A5

## **Claims Instructions**

Optiom Inc. has opened a claim for your policy. Please see below for a list of documents that must be submitted to us to have your claim processed. Only send documents that relate to the type(s) of claims you are submitting (you may not have all benefits listed below on your policy with Optiom Inc.). We will contact you once all documentation is received to review your claim. Please forward all supporting documentation to:

**Mail:** Client Care Department  
c/o Optiom Inc.  
314, 9525 201 Street  
Langley, BC V1M 4A5

**Fax:** 1-800-613-3708  
**Email:** claims@optiom.com

**For phone inquiries:**  
1-844-427-7587

**NOTE:** Your policy with Optiom Inc. will only respond if your primary auto insurer pays your claim and all Optiom policy conditions are met. **Include a void cheque or PAD of your banking information to receive benefits via EFT.**

### **Total Loss Benefits – including optional Vehicle Value Appreciation Benefit**

- Fully completed Benefit Request form (including signature)
- Documentation from lienholder/lessor confirming balance owing as of date of loss
- Copy of your Mitchell total loss valuation report, or similar\*
- Copy of settlement cheque from your primary auto insurer
- Copy of your original bill of sale for written off vehicle
- Insurance documents with primary insurer showing coverages and rate class for vehicle involved - As of Date of Loss
- Copy of police report or police file number

\*Ask your adjuster at your primary insurer for this information

### **Partial Loss Deductible Reimbursement**

- Fully completed Benefit Request form (including signature)
- Copy of your primary auto insurer's repair estimate and/or a detailed invoice from body shop
- Copy of your receipt showing payment of deductible

### **OEM Parts Coverage**

- Fully completed Benefit Request form (including signature)
- Copy of your primary auto insurer's repair estimate and/or a detailed invoice from body shop
- Copy of your OEM parts invoice & receipt from the body shop

### **Rental Vehicle Reimbursement Benefit**

- Fully completed Benefit Request form (including signature)
- Copy of your primary auto insurer's repair estimate or your Mitchell total loss valuation report, or similar
- Copy of your rental invoice & receipt showing amount paid by primary insurer and by yourself

### **Key FOB Reimbursement Benefit**

- Fully completed Benefit Request form (including signature)
- Copy of your invoice & receipt for purchase of replacement FOB

### **Diminished Vehicle Value Benefit**

- Fully completed Benefit Request form (including signature)
- Copy of your primary auto insurer's repair estimate and/or a detailed invoice from body shop
- Documentation from your primary auto insurer stating you were not at fault for the loss



T// 1.844.427.7587  
F// 1.800.613.3708  
E// clientcare@optiom.com

3201 308 4<sup>th</sup> Ave SW  
Calgary AB T2P 0H7

Dear Valued Client,

We are committed to providing you with efficient and seamless service. To ensure timely claims payments, we recommend utilizing our Electronic Fund Transfer (EFT) service. This allows us to deposit your claim payment directly into your bank account.

To take advantage of this, we kindly request the following to be emailed to [claims@optiom.com](mailto:claims@optiom.com):

1. A copy of your bank's void cheque or direct deposit form, OR
2. Completed banking information using the form below.

Institution # (3 Digits)	Transit # (5 Digits)	Account #

Name	
Phone Number	
Email Address	
Signature	

This is not a pre-authorized debit form. The retention of this information will be used only for payments and applicable refunds.