

Benefits Request Form

Insured	Loss Details
<p>Optiom Policy #: _____</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>Described Vehicle</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>Primary Insurer</p> <p>Company: _____ Claim#: _____</p>
<p>Total Loss Only:</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 (1st Insured): _____ Date: _____</p> <p style="text-align: center;">Signature (2nd 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. If you have any questions or concerns, please feel free to contact us in one of the following ways:

Email: 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. 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 Limited Indemnity Benefits

- Fully completed Benefit Request form (including signature)

And Either of

- A letter or email from your primary insurance declaring your vehicle a total loss and not a negotiated settlement
 - Copy of your automobile proof of loss stating payment is for Actual Cash Value or vehicle is unrepairable
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