TRANS GLOBAL
INSURANCE

PAYMENT PROTECTION PLAN CLAIM FORM
PROPERTY LOSS

To allow us to make an assessment of your claim it is imperative that you answer **ALL** of the questions in **FULL.**

INSTRUCTIONS

1. List description of items on second page.
2. Attach supportive police, fire or other records verifying the occurrence when submitting any loss. This will assist in our prompt processing.
3. Attach a copy of the sales receipt for each item claimed.
4. Submit damage or sales receipts for repairs due to the occurrence.

INCOMPLETE OR UNSIGNED CLAIM FORMS MAY BE RETURNED WITHOUT PROCESSING

When all required sections are complete, return this claim form in the enclosed envelope to:

TRANS GLOBAL INSURANCE GROUP
16902 137 Avenue NW
Edmonton, Alberta T5V 0C8
Tel: 1-844-930-6022 Fax: 1-844-930-6021
Email: forms@transglobalinsurance.ca

Part 1: Claimant's Authorization (Please Print)

Account or Card Number:

Name of Claimant | Date of birth (M/D/Y)

Mailing Address (*number, street, city, province, postal code)* | Telephone no. (*including area code*) ( ) -

a) Type of Loss (Fire, Burglary, etc.)_____ **Date of Loss** (M/D/Y):_____/_____/_____

Degree of Loss ☐ Partial ☐ Total Loss Reported By: _____

b) Address of Loss:
Street: _____ City/Province: _____ Postal Code: _____

c) Police or Fire Report Incident Number: _____

Telephone number and Address of Police/Fire Department Responsible for Investigating Your Loss: _____

_____

d) How did the loss occur (give details)? _____

_____

_____

e) If Burglary, how was entry gained into premises? _____

_____

WARNING: Any persons who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits fraudulent insurance act, which may constitute a crime and may also be subject to civil penalties.

DECLARATION & AUTHORIZATION: I certify that the information given here is true and correct. I AUTHORIZE my employer, physician, hospital, insurer, law enforcement agency, fire department or other organization, or person having any records, data or information concerning this claim to furnish such records, data or information to the TRANS GLOBAL INSURANCE GROUP or its authorized representative (collectively "TGI") as requested. I also authorize TGI to share the information on this form with whatever parties it deems necessary to process my claim. I understand that in executing this authorization, I waive the right for such information to be privileged. A reproduction of this authorization shall be as valid as the original.

Claimant's signature | Date (M/D/Y)

X

CONTINUED ON REVERSE

Part 2: Lost Items Description (Please Print)

List additional items on a separate piece of paper.

Purchase Date	Article, Brand Name & Model Number	Original Cost	Cost to Repair
		$	$
	Total Amount Claimed		

PROPERTY LOSS