

THIRD PARTY LIABILITY CLAIM FORM



1 STUDENT INFORMATION

| | | |
|------------------------------|-------------------------------|----------------------------|
| Policy Number: | Student Name: | |
| | Last Name | First Name |
| Date of Birth DD/MMM/YYYY | Effective Date DD/MMM/YYYY | Expiry Date DD/MMM/YYYY |
| Email Address: | Phone | |
| Full Address in Canada: | | |
| Street | City / Province | Postal Code |

2 OCCURRENCE

| | | |
|---|---|--|
| Name(s) of Claimant: | Email Address(s): | |
| Phone (Day): | Phone (Evenings): | |
| Full Address of Home Damaged (<input type="checkbox"/> Check if same as student address): | | |
| Street | City/Province | Postal Code |
| Describe in detail what the student was doing and what damage resulted (use reverse if needed): | | |
| Date the Damage took Place DD/MMM/YYYY | Estimated Cost of Damage Amount (\$CAD): | Home Insurance Deductible Amount (\$CAD): |

3 ASSIGNMENT OF BENEFITS

| | | | |
|-----------------------------------|----------------------------------|-----------------------------------|------------------------|
| Cheque Should Be Made Payable To: | <input type="checkbox"/> Student | <input type="checkbox"/> Claimant | Other (indicate below) |
| Full Name: | | | |
| Ph: | Address: | | |

4 SUPPORTING DOCUMENTATION

DOCUMENT

ATTACHED (Check All That Apply)

| | |
|---|--------------------------|
| Confirmation of Repair/Replacement Estimate | <input type="checkbox"/> |
| Replacement/Repair Receipt(s) | <input type="checkbox"/> |
| Photos of Damage | <input type="checkbox"/> |
| Photocopy of Home Insurance (showing deductible amount) | <input type="checkbox"/> |

I, the undersigned, declare that all the information provided on this claim form is true and complete. I authorise the sharing and disclosure of information related to my claim among or between any of the following entities: my educational institution, Ingle International Inc., Intrepid 24/7, Imagine Financial Ltd., Sports-Can Insurance Consultants Ltd. and Certain Underwriters at Lloyd's. I furthermore declare that the accident did not occur as a result of alcohol or drug abuse or due to any form of intoxication. I understand that if details of my claim are not released to the insurer (certain underwriters at Lloyd's, represented by Sports-Can Insurance Consultants Ltd.), benefits may not be payable. I agree that a reproduction of this claim form is as valid as the original. I assign the insurer any benefits related to this claim which would be payable to me from any other source and authorise the insurer to collect any such benefits on my behalf

| | |
|-----------------------|---------------------|
| Claimant's Signature: | Date DD/MMM/YYYY |
| | |

5 SUBMIT • Please email, fax, or post your claim form and information to:

POST:
INGLE INTERNATIONAL – Student Team
460 Richmond Street West, Suite 200
Toronto, ON M5V 1Y1 Canada

EMAIL:
thirdpartyliability@ingleinternational.com

FAX:
416.730.1878 (attn: Student Team)