

Brotherhood Auto Aid CANADA Claim Form

PO Box 337
Montezuma, KS 67867

Voice (620) 846-2287
Fax (888) 977-8823
baa@ucom.net

Section A—Policyholder Information

Policy Holder _____

Address _____

City _____ Prov ____ PC _____

Email _____

Telephone _____ Mobile _____

Fax _____ Date of Loss _____

Name of Driver _____ Age ____

Was the driver properly licensed? - Yes - No

Section B—Vehicle Information

Policy Number _____

Year _____ Make _____

Model _____ Trim _____

VIN (17 digits) _____

Kilometers _____

Is there a lien against this vehicle? - Yes - No

Lien holder _____

Section C—Comprehensive Claim

- | | | | | |
|--------------------------------|-------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> Glass | <input type="checkbox"/> Fire | <input type="checkbox"/> Theft | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Animal Collision |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Hail | <input type="checkbox"/> Storm | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Projectile |

Section D—Collision Claim

1. Was this a single vehicle or a multi-vehicle incident? - Single - Multiple
2. How did the incident happen? _____

3. Who was at fault in this incident? - You - Other Party Was this incident reported to the authorities? - Yes - No
4. If this was a multi-vehicle incident, is your liability company responsible for damage to the other party's vehicle? - Yes - No
5. If this was a multi-vehicle incident, please provide the name, address, and age of other party involved.

6. If the other party involved was at fault, have you tried to obtain payment from their liability? - Yes - No
If yes, explain _____ To what extent? _____

Section E—Claim amounts

TWO ESTIMATES ARE REQUIRED FOR LOSSES WITH THE FOLLOWING EXCEPTIONS: (1) the shop is owned by our brethren, or (2) the claim is less than \$2,500.00, or (3) it is a glass claim. If it is impossible to obtain two estimates, please discuss the claim with the office personnel *before* the claim is filed. BAA will pay the lowest bid per rules and regulations. Checks will be issued to the policyholder unless other arrangements have been made. Non-Licensed drivers on public roads are not eligible for BAA coverage.

Please list estimate amounts. Estimate 1 _____ Estimate 2 _____

Please list salvage bids if total loss. Salvage Bid 1 _____ Salvage Bid 2 _____

Please provide the complete estimates with this claim report to Brotherhood Auto Aid

Signature of Policy Holder _____ Date _____

