

CLAIM AND AUTHORIZATION FORM

CLAIMANT INFORMATION

Full Name: _____ Home Phone: _____
Address: _____ Mobile Phone: _____
City: _____ Prov/State _____ Country: _____
Postal Code/ZIP: _____ Email: _____

CLAIM INFORMATION

Describe in detail how the loss/damage/theft occurred: _____

Date of incident: _____

Table with 3 columns: Items being claimed, Purchase Date, Purchase Price. Each column has 4 horizontal lines for text entry.

If you have additional items to claim, please submit on a separate sheet

DECLARATION AND SPECIAL AUTHORIZATION

I warrant that the information provided on this form is full, complete and true. I acknowledge that the insurer may not be obliged to replace any parts or lenses of frames if I have misrepresented any material fact.

I understand my claim may be subject to review and investigation and I give MESquad or their authorized agents authority to acquire any documents or statements from other insurers, financial institutions, any company or public/private organization which can provide information related to my claim, and I hereby consent to the disclosure of such information by MESquad to other sources as may be required for the processing of my claim.

A copy of this authorization shall have the same authority as the original.

Signature: _____ Date: _____

Please complete and submit the Claimant Form, with all documentation to hello@mesquad.ca and put in the subject line: INSURANCE CLAIM. With the form, please include the following:

- Original Sales Receipt
• Copy of your Credit Card Statement or Paypal statement showing the charge
• A picture of the damaged frame