

Third Party Liability Claim Form



studyinsured™

SECTION A: STUDENT INFORMATION

Last Name		First Name		Date of Birth (DD/MM/YYYY)
Policy Number	Group Number	ID Number	Policy Effective Date (DD/MM/YYYY)	Policy Expiry Date (DD/MM/YYYY)

FULL ADDRESS IN CANADA

Unit #	Street Name and #	City	Province	Postal Code
Telephone	Mobile	Email		

SECTION B: CLAIMANT INFORMATION

Name(s) of Claimant(s)	
Claimant(s) Email Address(es)	
Phone (Day)	Phone (Evening)

FULL ADDRESS OF HOME DAMAGED (CHECK IF SAME AS STUDENT ADDRESS)

Unit #	Street Name and #	City	Province	Postal Code
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DESCRIBE IN DETAIL WHAT THE STUDENT WAS DOING AND WHAT DAMAGE RESULTED (USE REVERSE IF NEEDED):

Date of Damage (DD/MM/YYYY)			Cost of Damage (\$CAD)	Home Insurance Deductible Amount (\$CAD)
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ATTACH AND CHECK ALL THAT APPLY:

- Confirmation of Repair / Replacement Estimate Photos of Damage
 Replacement / Repair Receipt(s) Photocopy of Home Insurance (showing deductible amount)

SECTION C: AUTHORIZATION TO PAY

MAKE CHEQUE PAYABLE TO:

Student Claimant
 Other:

Full Name	Phone
Address	

SECTION D: AUTHORIZATION AND CERTIFICATION

Certain Lloyd's Underwriters ("Lloyd's"), StudyInsured™ Assistance ("StudyInsured"), its agents, and administrators, are obliged to collect and retain certain personal and/or health information about you in connection with your insurance coverage. We use and disclose this information only for the purposes of administering your policy/policies of insurance, providing customer service, and in assessing and paying claims. We are committed to protecting the privacy, confidentiality, and security of the personal information we collect, use, retain, and disclose. Your personal information will be used only for the purposes of providing you with the requested insurance services. Lloyd's and StudyInsured's complete privacy policies are available upon request.

I authorize any doctor, medical practitioner, hospital, facility providing medical or health-related services, third-party administrator, provincial plan, and any other insurer to release and exchange with Lloyd's, StudyInsured, or its representatives, any information (including personal health data and records) required to process this claim. I authorize any third party providing me with assistance in this claim process to have access to any and all relevant claims information related to the adjudication of my claim with Lloyd's and StudyInsured. I authorize StudyInsured to coordinate the payment of benefits with any insurance carriers that may have a liability for this claim and assign to Lloyd's and StudyInsured any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Lloyd's and StudyInsured. I confirm below by my signature that I am authorized to act on behalf of any of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original.

I certify that the information provided in connection with this claim is complete, true, and accurate.

Signature	Date (DD/MM/YYYY)
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PLEASE SEND YOUR CLAIM FORM AND INFORMATION BY EMAIL OR POST TO:

studentclaims@studyinsured.com

Claims Department
 150 King St West, Suite 602 - PO Box 75
 Toronto, ON M5H 1J9 Canada