

ANNEXE « C »

GARANTIE UNIVERSELLE (QUÉBEC) LTÉE

CLAIM FORM

Do not write anything in this space

Number _____

Admissible : _____

Amount : _____

Instructions and claim categories

You must choose one of either claims hereinunder set out by ticking off the appropriate box in section 3. For further details, please consult the Notice to members.

Claims for reimbursement of REPAIRS COVERED UNDER THE EXTENDED WARRANTY :

If you paid for repairs covered by the extended warranty issued by GARANTIE UNIVERSELLE, you may claim the amount covered under the extended warranty on the condition that you are able to provide satisfactory proof of the repairs and the payment. These claims will be treated first. Filing a detailed bill from your garage, accompanied by a proof of payment will facilitate treatment of your claim. In all other cases, the Claims Administrator may ask for documents or other evidence before deciding on the admissibility of your claim.

Claims in REIMBURSEMENT OF UNUSED PREMIUMS : If you did not pay for repairs covered under the extended warranty contract or you are unable to prove that the repairs were carried out, you may file a claim to obtain reimbursement of a portion of the unused premiums, the value of which shall be established in accordance with the amounts set out in the books of Garantie Universelle and in consideration of the number of months for which your warranty would have been valid following the closing of Garantie Universelle on the 18th of November 1993. The claims in reimbursement of unused premiums shall be handled and paid only if sufficient sums shall remain in the Settlement Fund after the payment of claims to reimburse repairs.

1. Identity of the Claimant

Name : _____

Address : _____

City : _____ Province : _____ Zip Code : _____

Telephone (day) : () _____ (night) : () _____

Fax : _____ E-mail : _____

2. Identification of the extended warranty contract and of the vehicle covered by the guarantee

Description of the vehicle covered : _____
Brand Model Year

Date of purchase of the vehicle : _____ Condition at purchase : new used

Number of the Garantie Universelle contract : _____

Duration of the extended warranty contract : _____

Period of validity of the extended warranty contract : From _____ to _____

Tick off the appropriate box :

I attach a copy of the contract

I no longer have a contract in my possession

ATTENTION : PLEASE COMPLETE THE BACK OF THIS FORM

3. Identification of the type of claim

Please tick off one or the other of the following items :

- I claim for the reimbursement of repair(s) covered by the extended warranty contract (*you must complete section 4 and attach the appropriate documents*).
- I claim for the reimbursement of unused premiums.

4. Claim for reimbursement of repairs covered by the contract

To be completed ONLY if you are claiming for the reimbursement of repairs:

Description of the repairs (*please attach copies of bills for each of the repairs specifying the complete description of the vehicle which was repaired, the name of the owner and a complete description of the repairs*)

DATE OF THE REPAIR	NAME OF THE GARAGE	COST	ATTACHED BILL	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

5. Sworn Declaration [to be completed in all cases]

*You **MUST sign** this declaration before a Commissioner for Oaths (you may consult a lawyer, notary, or present yourself at a bank, caisse populaire or a court house)*

I, the undersigned _____, solemnly swear, on pain of perjury, that I am a member admissible in this Settlement and that all the information included in this claim and the exhibits which are attached thereto are complete and truthful.

(Signature)

Sworn before me at _____

this _____^e day of _____ 200_____

Commissioner for Oaths for and the district of _____

Please return the Claim Form, duly completed and accompanied by the appropriate exhibits at the very latest on March 6, 2007 to the following address :

LE GESTIONNAIRE DES RÉCLAMATIONS/CLAIMS ADMINISTRATOR
 292, Saint-Joseph Blvd. West
 Montreal (Quebec) H2V 2N7
 Telephone : (514) 272-5555 ♦ Fax : (514) 273-0797
 E-mail : apamontreal@apa.ca ♦ Web site : www.apa.ca/