

Report a Claim

To report a new claim, please complete the information form below and fax it to Canadian Direct Insurance Inc.

Policyholder Name: _____

Policyholder Address: _____

Date of incident: _____

Policy Number: _____

Are you the Policyholder? Yes, I am. No, I am not.

If not, what is your name? _____

What is your relationship to the Policyholder? _____

Type of claim (Auto or Home): _____

Brief details of the claim: _____

Contact Phone Number: () _____

Email address: _____

Your Signature: _____

Please fax this form to:
Canadian Direct Insurance Inc.
Toll-Free Fax: 1.888.261.8880
Greater Vancouver Area Fax: 604.699.3860

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