Approval Form

The claim

1. Receive client authorization to diagnose mechanical failure as well as the repair estimate.
2. Send this approval form to the claims administrator at info@protek360.ca
3. The claims administrator will contact you with a decision and/or an authorization number.

Authorization number must be obtained before proceeding with any repairs.

Claim submitted by: Name/Adjuster

Retailer/Repair shop

Phone number

Vehicle/Unit

VIN (last 8 characters)

Plate number

Contract/policy holder

Contract/policy number

Repair order date

(DD / MM / YYYY)

Km of repair order

Repair order number

Complaint

Cause :

Correction :

ATTACH THE DETAILED ESTIMATE OR COMPLETE THE SECTION BELOW.

Quantity	No. of parts	Parts description	Amount	Labor (Hours x Rate)

Total Parts	$	Total labor	$	Total sublet	$

Subtotal	$
Subtract deductible	$
Towing	$
Rental	$
HST/GST	$
TVP/TVD	$
Total	**$**

RESERVED FOR CLAIMS ADMINISTRATOR

Claim adjuster:

Authorized amount

Authorization number:

Estimate attached?

Yes ❑ No ❑