Claim Form

Insurance company / Damage expert	
Claim number	

Insured			
Last name			
First name			
Address			
City		**Province**	
Postal code			
Phone		**Fax**	
Email			
Complete this section if the request is made by a damage expert.			
Last name			
First name			
Address			
City		**Province**	
Postal code			
Phone		**Fax**	
Email			
Customer ID #			

Does the customer want a digital alternative?
(With consent of the Insurance company)

Yes ☐ **No** ☐

Claimed goods			
Quantity	**Brand / Model or description**	**Product No**	**Lozeau invoice No***

Comments / Questions

*Optional

For more information, please call 514-490-2271

L.L.Lozeau | 6229, St-Hubert Street | Montreal (Quebec) H2S 2L9 **(514)274-6577 | Toll free: 1 800 363-3535**

All rights exclusively reserved to L.L.Lozeau