



Intact Insurance Company

Intact **Assistance**™

Expense Reimbursement Form

Complete the following form in full in order to obtain expense reimbursement

Part 1: INSURED INFORMATION

INSURER: Intact Insurance Company

INSURED:

LAST NAME

FIRST NAME

ADDRESS:

STREET NUMBER & NAME

SUITE/APT #

CITY

PROVINCE

POSTAL CODE

POLICY #:

Part 2: REIMBURSEMENT INFORMATION

EXPENSES

Indicate the total amount for each type of expense and attach receipts. In addition, on a separate page, briefly explain why the services were sought.

EXPENSE TYPE	REIMBURSEMENT AMOUNT REQUESTED
Housekeeping when property is damaged	
Baby-sitting for sick children or grandchildren	
Baby-sitting in case of hospitalization	
Homemaking on return from hospitalization	
Visiting Nurse	
TOTAL	

Part 3: INSURED'S ACKNOWLEDGMENT

1. I understand that I am financially responsible for any expenses incurred.
2. I acknowledge that the expenses noted in this form have been incurred by me.
3. The incurred expenses did not occur through any fraudulent, dishonest or criminal act by me or any person aiding or abetting me, or by my authorized representative, whether acting alone or in collusion with others.
4. I declare that the information provided in this document is to the best of my knowledge and belief true in every particular.
5. I will provide additional supporting documentation or information, if required.
6. I also consent to the above personal information being collected, used and disclosed by Sykes Assistance Services Corporation and Intact Insurance Company as applicable, for the purpose of investigating and processing my expense reimbursement.

Signature of Insured

Date

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How to obtain expense reimbursement

Complete the following steps:

1. Complete Parts 1 and 2 of the Reimbursement Form and attach all applicable receipts.
2. Sign and date Part 3.
3. Mail reimbursement forms to:

Intact Assistance
c.o Sykes Assistance Services Corporation
248 Pall Mall Street, PO BOX 5845
London, ON N6A 4T4

ATTENTION: Reimbursement Processing

All reimbursement cheques will be issued in the name of the insured and will be mailed to the address shown on the Reimbursement Form.

All cheques for expense reimbursement will be issued by Sykes Assistance Services Corporation on behalf of Intact Insurance Company.

If you have questions about your reimbursement request, please contact:

Sykes Assistance Services Corporation
1 888 365 ASSIST (2774)