

Child Car Seat and Booster Seat Reimbursement Application

Required Information:

Claim Number _____

Date of Loss _____

Date of Reporting Claim _____

Customer Name _____

Customer Mailing Address _____



IMPORTANT:

This application is only valid if the seat has the National Safety Mark and Manufacturers label attached and seat was not expired at the time of the loss.

Damaged Seat Details:

Make	Model	Serial Number	Manufacturer's Date	Expiry Date

Replacement Seat Details:

Is the replacement seat of like kind and quality? ____ Yes ____ No

If no, I am aware that I will only be reimbursed for the value of the original damaged seat.

Make	Model	Replacement seat cost	Original receipt attached?
			____ Yes ____ No

I understand that my purchased replacement child seat must be purchased within 30 days from the date I reported my claim. I will only be reimbursed for a comparable model of the damaged child seat at similar price point. Manitoba Public Insurance will not pay for upgrades.

Signature: _____ Date: _____

Bring this signed form with the car seat to the Physical Damage Centre in Winnipeg or to a service centre outside Winnipeg.

If seat is not eligible for reimbursement:

I acknowledge that MPI is accepting my expired or damaged seat for destruction only. _____ (initials)