

Compensation Fund Claim Form

In order to make a claim from the Alberta Motor Vehicle Industry Council Compensation Fund, you must first determine if you are eligible to make a claim (*see glossary of definitions page 3*).

Consumer/Claimant

Date claim submitted: _____

First name:		Last name:	
Address:			
City:		Province:	
Postal code:	Email:		
Tel:	Cell:	Fax:	

Automotive Business

Vehicle particulars

Name of Automotive Business licensee: _____ Address of Automotive Business licensee: _____ City: _____ Prov: _____ Postal code: _____ Tel: (____) _____ Fax: (____) _____ Website: _____	Date of transaction: _____ Vehicle identification number (VIN): _____ Odometer reading: _____ Description of vehicle (<i>make, model, colour</i>) _____
<p>Type of Loss (check one) (Includes RV's with living accommodations)</p> <input type="checkbox"/> Sale (<i>new or used, agent/broker</i>) <input type="checkbox"/> Lease (<i>greater than 120 days</i>) <input type="checkbox"/> Consignment <input type="checkbox"/> Repair (<i>garage, auto body, specialty, recycler and dismantler</i>)	Claim amount: _____ These types of transactions do not qualify for compensation: <ul style="list-style-type: none"> - Private sales - Trailer/flatbeds - Motorcycles - Off road vehicles - Windshield repairs - Manufacturer to Automotive Business - Automotive Business to Automotive Business
<p>Claims can be submitted:</p> By email: compfund@amvic.org By mail: #303, 9945 – 50 Street Edmonton AB T6A 0L4	

Compensation Fund Claim Form

Consumer summary

Please provide the reasons for your claim, summary of events (in chronological order) and describe all efforts taken in order to resolve this matter. If needed, please attach a more detailed statement to this form. Include a copy of the original transaction and supporting documentation; method of payment; proof of ownership; registration and insurance coverage.

Personal information on this form is collected pursuant to section 33(c) of the *Freedom and Information and Protection of Privacy Act* (RSA 2000, C.F-25). This information will be used for the purpose of claim processing in accordance with the *Consumer Protection Act*. Questions about the collection and use of this information can be directed to the Alberta Motor Vehicle Industry Council, Compensation Fund Coordinator, #303, 9945 - 50 Street, Edmonton, Alberta, T6A 0L4, 780-466-1140 or toll free 1-877-979-8100.

Compensation Fund Claim Form

Undertaking and Assignment

The Claimant identified below has applied to the Compensation Fund for compensation in regard to the Claimant's loss described in this application form (the "Claim"). For valuable consideration, the Claimant hereby agrees, undertakes, assigns, acknowledges and declares the following:

1. I declare and represent that nothing of value has been received by me from any source in payment of the loss arising from or in connection with the Claim.
2. I undertake to immediately advise the Alberta Motor Vehicle Industry Council (AMVIC) if I receive something of value from any source in payment of the loss arising from or in connection with the Claim.
3. I declare and represent that neither the Claim, nor any part thereof, has been released or discharged.
4. I undertake to provide all documentation and information concerning the Claim to the Compensation Fund.
5. I acknowledge and understand that a decision, order or ruling of the Compensation Fund made in respect of my claim for compensation is open to review by a Review Panel as established by AMVIC Bylaw 2 - Compensation Fund.
6. If I receive any payment from the Compensation Fund in relation to the Claim; I undertake to repay the Compensation Fund money equal to the value of anything received by me from any source in payment of the loss arising from or in connection with the Claim.
7. I acknowledge AMVIC may be required to share my personal information in relation to this Claim with the Automotive Business licensee and its legal representatives, in order to adjudicate my Claim in accordance with procedural fairness and natural justice, and I do consent to the release of that personal information for this purpose.
8. Personal information on this form is collected pursuant to section 33(c) of the *Freedom and Information and Protection of Privacy Act* (RSA 2000, C.F-25). This information will be used for the purpose of claim processing in accordance with the *Consumer Protection Act*. Questions about the collection and use of this information can be directed to the Alberta Motor Vehicle Industry Council, Compensation Fund Coordinator, #303, 9945 - 50 Street, Edmonton, Alberta, T6A 0L4, 780-466-1140 or toll free 1-877-979-8100.

Signature of Claimant: _____ Date: _____

Print name: _____

Glossary of Definitions

"Amount of Claim" means the amount paid or is obligated to pay in relation to the automotive transaction to a maximum amount of \$25,000.

"Automotive Business" means the activities of i) buying or selling vehicles, as a retailer including the selling of vehicles on consignment, ii) leasing vehicles when the term of the lease is for more than 120 days iii) negotiating or conducting on a consumer's behalf an agreement in which the consumer buys, sells or leases a vehicle iv) recycling or dismantling vehicles or v) installing parts or equipment in, repairing or servicing vehicles.

"Consumer" means an individual or business "with a commercial fleet of 5 or fewer vehicles" (Automotive Business Regulation, section 1(1)(c.1)), that receives or has the right to receive goods or services for use from an automotive business as a result of a purchase, lease, gift, contest or other arrangement, but does not include a business that intends to sell the goods after receiving them.

"Eligible Claims" means the consumer entered into a transaction after June 30, 2011, the automotive business was AMVIC licensed at the time of the transaction, the consumer suffered a loss arising from an act or omission of the Automotive Business licensee, the Consumer applies for compensation and provides an undertaking, and provides supporting documentation, and the Automotive Business has filed for receivership, bankruptcy or is otherwise unable to compensate the consumer for the loss.