

Agent/Broker – Agent/Courtier

DIRIEH, MOHAMAD

16

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Effective Date - Date d'entrée en vigueur

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**FORD FIESTA SE 5DR** 

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TW INSURANCE SERVICES O/A ORBIT INS.

213-123 AUGUSTA ST OTTAWA, ON K1N 8B7

01 24 Month Mois Year Année

Insured Vehicle - Year, Make, Serial No. - Véhicle assuré - année, marque, série

Name and Address of Insured - Nom et adresse de l'assuré

# Intact Insurance Company

700 University Avenue, Suite 1500, Toronto, ON, M5G 0

**KL42YE734** 

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Month Mois

25

pliez

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Policy No. / Police N°



### Intact Insurance Company

700 University Avenue, Suite 1500, Toronto, ON, M5G 0A1

Agent/Broker - Agent/Courtier Policy No. / Police N° TW INSURANCE SERVICES O/A ORBIT INS. KL42YE734 877 976 7248 Name and Address of Insured - Nom et adresse de l'assuré **DIRIEH, MOHAMAD** 213-123 AUGUSTA ST OTTAWA, ON K1N 8B7 Effective Date - Date d'entrée en vigueur Date of Expiry - Date d'expiration 16 01 01 25 16 Month Mois Year Année Day Jour Month Mois Year Année Insured Vehicle - Year, Make, Serial No. - Véhicle assuré - année, marque, série 16 **FORD FIESTA SE 5DR** 3FADP4EJ2GM121583 XX XXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXX

Motor Vehicle Liability Insurance Card / Certificat d'assurance – automobile responsabilité Canada Inter-Province Applicable within Canada and the United States of America / En vigueur au Canada et aux États-Unis d'Amérique

pliez

#### This Certificate is subject to the terms and conditions of the Insurer's Standard Automobile Policy.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the Statutory minimum requirements in any area of Canada.

WARNING - Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and their licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police. Le présent certificat est assujetti aux dispositions et conditions de la police d'assurance automobile de l'assureur.

Date of Expiry - Date d'expiration

3FADP4EJ2GM121583

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16

Day Jour

Motor Vehicle Liability Insurance Card / Certificat d'assurance – automobile responsabilité Canada Inter-Province Applicable within Canada and the United States of America / En vigueur au Canada et aux États-Unis d'Amérique

Ce certificat atteste que la personne susnommée est assurée contre la responsabilité pour blessures et dommages aux biens découlant de l'usage du véhicule ci-décrit, conformément aux limites minimales exigées par les lois d'assurance en vigueur partout au Canada.

AVERTISSEMENT - Quiconque émet ou présente un tel certificat comme preuve d'une police d'assurance-responsabilité qui effectivement n'est pas en vigueur, est coupable d'une infraction passible d'une forte amende et/ou d'emprisonnement et suspension de son permis.

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Agent/Broker – Agent/Courtier
TW INSURANCE SERVICES O/A ORBIT INS. Policy No. / Police N° KL42YE734 877 976 7248

Name and Address of Insured - Nom et adresse de l'assuré

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Effective Date - Date d'entrée en vigueur Date of Expiry - Date d'expiration 01 24 25 16 16 01 Day Jour Month Mois Year Année Day Jour Month Mois Insured Vehicle - Year, Make, Serial No. - Véhicle assuré - année, marque, série

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Automobile Policy.

Policy No. / Police Nº

Date of Expiry - Date d'expiration

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Agent/Broker - Agent/Courtier TW INSURANCE SERVICES O/A ORBIT INS. **KL42YE734** 877 976 7248

Name and Address of Insured - Nom et adresse de l'assuré

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Effective Date - Date d'entrée en vigueur

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Month Mois Day Jour Month Mois Year Année Day Jour Insured Vehicle - Year, Make, Serial No. - Véhicle assuré - année, marque, série XX XXXXX XXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XX XXXXX XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXXX XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

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# After an accident, we're there when you need us.



Call the police if anyone is injured or if the damages are major.

# Accident checklist

Here's what to collect from all drivers involved:

- Full name and phone number
- Insurer's name and policy number
- Licence plate number

Any witnesses? Get their names and contact information.

Submit your claim 24/7

Just a few questions and photos are all it takes to submit your claim through the Intact Insurance App or Client Centre at intact.ca.

Prefer to call in your claim? 1 866 464 2424



#### Download the app

Access your digital proof of insurance, submit or track a claim, manage your policy and more. It's all in the app!



# After an accident, we're there when you need us.

# Safety first

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