

YOUR POLICY NUMBER: D4307934

EFFECTIVE FROM 2018-02-28 TO 2019-02-28

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

YOUR INSURANCE IS NOW UP-TO-DATE!



This will confirm that changes have been made to your auto insurance policy. Keeping your policy up-to-date is the best way to make sure you have the right coverage for your changing needs.

If you have any questions about your coverage, please do not hesitate to contact us. You can always count on our licensed insurance advisors to answer your questions.

Once again, thank you for trusting us with your auto insurance.

The Desjardins Insurance Team

SERVING YOU IS A PLEASURE!

Thanks to Online Services,
also available in our mobile
app, you can:

- ▶ View or modify your insurance file
- ▶ Add or remove a driver or vehicle
- ▶ Store a vehicle or change your storage dates
- ▶ File a claim and more!

ONLINE SERVICES

✓ Fast, easy and secure!

 OVER THE PHONE	 ANYTIME	 ANYWHERE
1-800-794-0008 CLAIMS 24/7 INSURANCE AND BILLING Monday to Friday from 8 a.m. to 8 p.m. Saturday from 8 a.m. to 4 p.m.	desjardinsgeneralinsurance.com/online	Download the Desjardins Insurance Home-Auto app 

P.O. Box 7065, Station A, Mississauga ON L5A 4K7

Certas Direct Insurance Company

Date of the notice: 2018-11-25

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

PREAUTHORIZED PAYMENT AGREEMENT

**Modification of your automobile insurance
effective on 2018-11-24**

Policy number **D4307934**

Policy in effect from 2018-02-28 * to 2019-02-28 *

*12:01 a.m. all times are local at the Named Insured's postal address stated herein.

The debits will be made at:
CANADIAN IMPERIAL BANK OF COMMERCE
Account no.: 010-30800-*****381
Acct. Holder's : TWIEN EUGENE

Authorization Date : 2018-02-27

Transactions	Effective date	Amount	Tax	Total
New insurance policy	2018-02-28	\$2,361.00		\$2,361.00
☛ Modification of your insurance	2018-11-24	-\$58.00		-\$58.00
Received payment(s) - Thank you				-\$1,824.42
Amount due:				\$478.58
☛ Last transaction(s)				

Schedule of preauthorized debit(s)						Category:	☒ Personal	☐ Business
2018-12-06	\$159.54	2018-12-28	\$159.52	2019-01-28	\$159.52			
Total debits:								\$478.58

Important messages

If you have other insurance policies that are paid through preauthorized withdrawals and you have already agreed to merging those transactions (same date and same account), take note that the amount that will be debited from your account will include those premiums.

Method of payment: Preauthorized withdrawals

Important information on the back

TERMS AND CONDITIONS OF PAYMENT BY PREAUTHORIZED DEBIT

The following are the terms and conditions of the method of payment agreed upon with our agent with respect to your insurance and the related services, if any.

In choosing to pay by preauthorized debit, you authorize Certas Direct Insurance Company to make one or more debits from your account at the financial institution mentioned on the front of this document, on the dates and in the amounts specified. Please note that you do not have to give any other authorization to your financial institution.

When you renew your policy, we shall assume that you will continue to pay by preauthorized debit unless you inform us otherwise **5 days** before the date of the first withdrawal.

Modifications

You can pay your insurance premium in one lump sum or in instalments over several months without paying any fees or interest. Certain conditions apply.

To change your payment conditions or to revoke your authorization, you must advise us **at least 5 days** before the date of the next debit.

If we must make changes to your current payment conditions, we will advise you **5 days** before the date of your next debit.

Unpaid amounts

You authorize Certas Direct Insurance Company to charge and debit an administrative fee if a debit cannot be carried out as outlined in this agreement. You will be notified of any changes made to your next debit amount.

As legislated, we reserve the right to cancel your policy if the payment agreement is not respected.

Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Preauthorized payment agreement.

To obtain more information on your recourse rights, or to obtain a sample cancellation form, or for more information on your rights to cancel this agreement, contact your financial institution or visit www.cdnpay.ca.

Cancellation

Should you wish to cancel your policy at any time during the policy term prior to the expiry date, please be aware that a cancellation fee may apply.

Questions?

For further information concerning your terms of payment, please call Billing Services.

TO CONTACT US, CALL: 1 800 794-0008			
	CLAIMS 24 Hour Emergency Service	SALES AND SERVICE Monday to Friday 8:00 a.m. to 8:00 p.m. Saturday 8:00 a.m. to 4:00 p.m.	BILLING Monday to Friday 8:00 a.m. to 8:00 p.m. EST Saturday 8:00 a.m. to 4:00 p.m. EST
P.O. Box 7065, Station A, Mississauga, ON L5A 4K7			

This is your Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.

Name and Address of Insured

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

**Modification to your policy
As of 2018-11-24**
Policy Number **D4307934**

Policy Period: from 2018-02-28 * to 2019-02-28 *
Year Month Day Year Month Day

(*12:01 a.m. all times are local times at the Named Insured's primary address shown on this Certificate.)

Registered Owner

TWIEN EUGENE

Lessor (if applicable)
Lienholders (if applicable)

(to whom loss may be jointly payable)

Described Automobile(s)

Year 2000
Make and Model HONDA ACCORD EX/EX-L/EXR/SE/TOUR V6 4D
Serial No. / V.I.N. 1HGCG165XYA802354

Insurance Coverages
Liability

Bodily Injury
Property Damage (5% of Bodily Injury premium)

Accident Benefits (Standard Benefits)
Optional Increased Accident Benefits

Income Replacement (\$600/\$800/\$1,000)

Medical, Rehabilitation & Attendant Care
(\$130,000/\$1,000,000)

Optional Catastrophic Impairment (additional
\$1,000,000 added to Standard Benefit or Optional
Medical, Rehabilitation & Attendant Care Benefit)

Caregiver, Housekeeping & Home Maintenance

Death & Funeral

Dependant Care

Indexation Benefit (Consumer Price Index)

Uninsured Automobile (3% of Accident Benefits
(Standard Benefits) premium)

Limit \$	Premium \$	Premium for Occ. Driver \$
1,000,000	-33	
	Included	
As stated in Section 4 of Policy	-19	
Up to \$		
per week	Not included	
	Not included	
As stated in Section 4 of Policy	Not included	
	Not included	
	Not included	
	Not included	
As stated in Section 5 of Policy	Included	

Limit \$	Premium \$	Premium for Occ. Driver \$
As stated in Section 4 of Policy		
Up to \$		
per week		
As stated in Section 4 of Policy		
As stated in Section 5 of Policy		

Deductible \$	Premium \$	Premium for Occ. Driver \$
0	-6	

Deductible \$	Premium \$	Premium for Occ. Driver \$

Direct Compensation - Property Damage*

* This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage.

Loss or Damage**

**This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

All Perils

Not included Not included

Collision or Upset

Not included Not included

Comprehensive (excluding Collision or Upset)

500 Included

Specified Perils (excluding Collision or Upset)

Included 0

Premium Subtotals \$

-58

Modification to your policy
As of 2018-11-24

Policy Number **D4307934**

Insurance Coverages (cont'd)

Policy Change Forms

Veh. No.	End. No.	Name	Limit \$	Premium \$
01	Trouble-Free	The "Trouble-Free Option" is applicable to this vehicle.		Included
01	OPCF 20	Coverage for Transportation Replacement	1,500	Included
01	OPCF 35	Coverage for Emergency Road Service		Included
Additional agreements applicable to the policy:				
	OPCF 27	Liability for Damage to Non-Owned Automobile(s) and Providing Other Coverages When Insured Persons Drive, Rent or Lease Other Automobiles - Limit for Loss/Damage: Deductible amount for each claim: Collision/Upset - \$500, Comprehensive - \$500	100,000	Included
	OPCF 44R	Family Protection Coverage	1,000,000	Included
Total Endorsement Premium \$				0
Total Policy Premium \$ (excluding retail sales tax)				-58

Rating Information

Driver Information

Driver Name	Date of Birth	M/F	Marital Status*	Vehicle Number** 01 02 03 04	Private Passenger Vehicle Date Licenced DTC***	Convictions (Past 3 yrs) Minor Major Serious
TWIEN EUGENE	1996-12-03	M	S	P	2017-02 N/A	

*U: Unknown **P: Principal driver S: Secondary driver ***DTC: Driver Training Certificate

Chargeable Claim(s)

Date	Type of Loss
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Vehicle Information

Veh. No.	Approximate Kms Annual Business	Driving Record	Rate Group TPL AB DCPD COL CMP/SP	Vehicle Code	
01	20,000	6	11 36 17 15 11	0273	Territory: 715 Student VICC Approved Immobilizer Winter Tires

Discount(s)

Veh. No.	%	Type
01	10	Graduated Licensing

Remarks

This Certificate is proof of a contract of insurance between the Named Insured and the Insurer, subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate. Your Insurer will provide you with a copy of the Policy if you request it. This Certificate is only valid if it is signed by an authorized representative of the Insurer. This Certificate contains important information about your automobile insurance.



Valérie Lavoie
Chief Executive Officer

Produced on: 2018-11-25

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the Insurer's insurance business in Canada.

This is a brief explanation of the insurance outlined in this Certificate.

Liability

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits

Your insurance company is obligated to explain details of Accident Benefits coverage to you. Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits may include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits your insurance company must offer are: income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance; death and funeral; dependant care; and an indexation benefit.

Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist.

Direct Compensation - Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a Described Automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

There are four types of coverages:

Specified Perils:

Covers the Described Automobile against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning; windstorm; hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in or upon which the Described Automobile is being transported.

Comprehensive:

Covers a Described Automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset:

Covers damage when a Described Automobile is involved in a collision with another object or tips over.

All Perils:

Combines the Collision or Upset and Comprehensive coverages.

Warning: The Insurance Act provides that where (a) an Applicant for a contract, (i) gives false particulars of the Described Automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offences: It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction by a maximum of 14 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Cancellation Request (Fill out and sign when you cancel your policy) Policy Number: D4307934

In return for the unearned portion of the premium, if any, this policy is cancelled. Any interim and renewal certificates are no longer valid.

Effective Date of Cancellation Day Month Year

Time of Cancellation ☐ am ☐ pm

Signature of Named Insured

Signature of Lienholder / Lessor