



CGI USE ONLY  
Date Received:

# Consumer AutoPlus Request Form

## MANDATORY INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## OPTIONAL INFORMATION (From your current policy or your most recent policy if you are not currently insured)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle(s) Listed on Policy: \_\_\_\_\_  
(Year and Make of Vehicle)

VIN Number(s): \_\_\_\_\_  
(Vehicle Identification Number)

Effective Dates of the Policy: \_\_\_\_\_  
(From MMDDYEAR to MMDDYEAR)

Previous Mailing Address: \_\_\_\_\_  
(If different from above)

Send your request by **one** of the options below:

- Fax: 1-514-415-3989
- Mail: CGI Technical Assistance Centre  
1350 Rene-Levesque West, 7<sup>th</sup> Floor  
Montreal, PQ  
H3G 1T4
- Scan and email: [insurance.helpdesk@cgi.com](mailto:insurance.helpdesk@cgi.com)

### By signing this request you agree:

1. You are requesting your own personal information.
2. **The AutoPlus report will only be mailed to the most recent address on file or mailed to the address above if all Optional Information is provided.**
3. CGI will mail a copy of your personal report via regular mail within 10 business days of receiving your request.
4. A Consumer AutoPlus Report provides your individual automobile policy and claims history as submitted by the Canadian Property and Casualty (P&C) industry. **CGI AutoPlus Reports are not available for the following provinces as they do not provide CGI with historical data; Quebec, British Columbia, Manitoba, and Saskatchewan.**
5. CGI will provide one report within a 12 month period at no cost.
6. CGI stores and reports data and is not authorized to make changes to this data.
7. If you do not agree with the information on your AutoPlus Report please contact the Complaint Officer/Ombudsperson, of the insurer, that provided the data. A list of these individuals can be found on the Financial Services Commission of Ontario website <http://www.fSCO.gov.on.ca/english/insurance/resolvecomplaint-insurance.asp> and select "Company Consumer Complaint Officers".
8. You have read, understand and agree to the guidelines as described.