



**Manitoba  
Public Insurance**

**COURTESY CAR DIRECT BILLING INVOICE**

Date of Loss: \_\_\_\_\_ Claim #: \_\_\_\_\_

Claimant: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Repair Shop: \_\_\_\_\_ Shop Ref. #: \_\_\_\_\_

Registered Account #: \_\_\_\_\_ G.S.T. #: \_\_\_\_\_

Year, Make, Model & Plate # of Courtesy Car: \_\_\_\_\_

\*Total Labour Hours: \_\_\_\_\_ ÷ 8 Hours = \_\_\_\_\_

Paint Dry Time (if applicable) = (1 Day) \_\_\_\_\_

**Total** \_\_\_\_\_

**\*If partial day, include as a full day**

**E.G. 20 hours ÷ 8 = 2 1/2 days. The 1/2 day would be considered a full day and the entry on this line should read 3 days.**

\_\_\_\_\_ days at \$ \_\_\_\_\_ per day = \$ \_\_\_\_\_

P.S.T. \_\_\_\_\_

G.S.T. \_\_\_\_\_

**Total** \_\_\_\_\_

Date: \_\_\_\_\_

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

**Shop Manager**

**Claimant Certification:**

I, \_\_\_\_\_ do confirm that the above noted vehicle was provided by the repair outlet, to me for the number of days specified.

Date: \_\_\_\_\_

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

**Claimant**