



2165 West Broadway, P.O. Box 5900  
Vancouver, B.C. V6B 5H6

## Surrender Value Request of Premium on Repossessed/Written Off Vehicles

This request for the Surrender Value of Premiums is submitted by:

Name of Contact Person: \_\_\_\_\_

Name of Finance Institution/Dealer/Creditor: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Reason for Surrender Value:  Repossession  Vehicle Totaled/Written Off  
 Other, please explain: \_\_\_\_\_

Estimated Net Loss: \$ \_\_\_\_\_

Date on which Unit was Repossessed/Written Off: \_\_\_\_\_  
MM/DD/YYYY

Insurance Certificate No. to be Surrendered: \_\_\_\_\_

Certificate Effective Date: \_\_\_\_\_  
MM/DD/YYYY

Purchased From (Name of Dealership): \_\_\_\_\_

Please mail or fax a copy of:

the Finance or Lease Contract

the Insurance Certificate

this Request Form to: **iA-SAL Administration**

Industrial Alliance Insurance and Financial Services Inc.  
P.O. Box 5900  
2165 West Broadway  
Vancouver, BC V6B 5H6  
Fax: 604-734-4978 Tel: 1-800-663-9498

**For use by iA-SAL Administration:**

Received Date: \_\_\_\_\_ Cheque No.: \_\_\_\_\_