



PACIFIC™

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: _____
DD/MMM/YYYY

Insurance Certificate No. to be Surrendered: _____

Certificate Effective Date: _____
DD/MMM/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: **SAL Administration**

Industrial Alliance Pacific Insurance and Financial Services Inc.
P.O. Box 5900
2165 West Broadway
Vancouver, BC V6B 5H6
Fax: (604) 734-4978 Tel: (604) 737-9374

For use by SAL Administration:

Received Date: _____ Cheque No.: _____