



# REPLACEMENT INSURANCE CONSENT TOTAL LOSS FORM

PLEASE TAKE NOTE THAT YOUR REQUEST MUST BE COMPLETE AND  
THE CONSENT SIGNED BY THE INSURED FOR US TO PROCESS THE CLAIM

## NEW VEHICLE OR DEMONSTRATOR

Purchase  Lease

1. Bill of sale for the original vehicle/Lease offer;
2. Financing contract for the original vehicle/Lease agreement;
3. Manufacturer invoice for the original vehicle;
4. Manufacturer invoice for equivalent vehicle (Same brand, model and trim);
5. Work order for any accessories, equipment or options installed at the purchase of the original vehicle;
6. Manufacturer's rebate effective at the purchase of the vehicle;
7. Manufacturer's rebate for the current month;
8. Proof of loss of primary insurance or the copy of the cheque issued by the primary insurance;
9. Appraisal of vehicle originally put in exchange or profit description document.

## USED VEHICULE

1. Bill of sale for the original vehicle;
2. Financing contract for the original vehicle;
3. Work order for any accessories, equipment or options installed at the purchase of the original vehicle;
4. Proof of loss of primary insurance or the copy of the cheque issued by the primary insurance;
5. Appraisal of vehicle originally put in exchange or profit description document.

**CONSETEMENT** I hereby authorize Industrielle Alliance, Insurance and Financial Services Inc. to obtain all the information relating to my claim above referred to, as well to gain access to the service of the subscription of my insurance company or my broker. As well, I consent, that a copy of this disclosure form be used as an original.

Policyholder's name \_\_\_\_\_ Date of loss \_\_\_\_\_

Policyholder's address \_\_\_\_\_

Policyholder's phone number \_\_\_\_\_ Policyholder's email \_\_\_\_\_

Confirmation number \_\_\_\_\_ Collision  Theft  Other \_\_\_\_\_

Dealer \_\_\_\_\_ Phone number \_\_\_\_\_

Person in charge \_\_\_\_\_ Email address \_\_\_\_\_

Date \_\_\_\_\_ Policyholder's signature \_\_\_\_\_

Please send your documents by email to [RI.claims.iasc@ia.ca](mailto:RI.claims.iasc@ia.ca) or by fax at 1 877 956-9563

Question? 1 877 356-6636