IVAC
Indemnisation
des victimes
d'actes criminels

SELECTION OF BENEFITS

1. Fill out the form by entering the necessary information in the appropriate spaces.

2. Send the completed document to the *Direction générale de l'IVAC*:

Online	By mail	By fax
www.ivac.qc.ca	1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2	1 888 927-0003

1. Identification of the applicant

Surname (as shown on the birth certificate)

First name

IVAC File N°

Date of event Y Y Y Y M M D D

Address

Number | Street | Apt.

P.O. Box | City

Province/State | Country | Postal code

Telephone

Main

Other

2. Compensation option

Further to an offence committed by use of an automobile, giving recourse to

- the *Act to assist persons who are victims of criminal offences and to facilitate their recovery*,
- the *Act to promote good citizenship*,
- the *Automobile Insurance Act*,

I hereby elect to claim:

☐ the financial assistance provided under the *Act to assist persons who are victims of criminal offences and to facilitate their recovery*.
Accordingly, I waive my entitlement to be indemnified under the *Automobile Insurance Act* provided by the *Société de l'assurance automobile du Québec*.

☐ the financial assistance provided under the *Act to promote good citizenship.*
Accordingly, I waive my entitlement to be indemnified under the *Automobile Insurance Act* provided by the *Société de l'assurance automobile du Québec*.

☐ the benefits and compensation provided by the *Société de l'assurance automobile du Québec*.
Accordingly, I waive my financial assistance entitlement provided by the *Direction générale de l'IVAC*.

3. Signature

Y Y Y Y M M D D