

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 www.ivac.qc.ca	By mail 1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	By fax 1 888 927-0003
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1. Identification of the applicant

Surname (as shown on the birth certificate)		IVAC File N° <input type="text"/>
First name		Date of event <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Telephone	
Number Street Apt.	Main	
P.O. Box City	Other	
Province/State Country Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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