



POWER OF ATTORNEY

FILE

OWNER'S INFORMATION

LAST NAME

FIRST NAME

COMPLETE ADDRESS

CITY

BIRTH DATE

YEAT

MONTH

DAY

DRIVING LICENCE NUMBER

OWNER'S SIGNATURE

DATE

CITY

REPRESENTATIVE'S INFORMATION / INSURANCE CIE

INSURANCE CIE NAME

THE POWER OF ATTORNEY, MADE IN THE NAME OF YOUR INSURANCE COMPANY, WILL GIVE AUTHORISATION TO YOUR INSURANCE COMPANY AND ALL ITS REPRESENTATIVES TO TAKE CHARGE OF YOUR VEHICLE.
(EVALUATOR, TOWING COMPANY, MECHANIC AND BODY SHOP GARAGE, ETC.)

INSURANCE POLICY NUMBER (IF AVAILABLE)

INCIDENT OR CLAIM NUMBER (IF AVAILABLE)

VEHICULE INFORMATION

BRAND

MODEL

YEAR

LICENCE PLATE NUMBER

A PHOTOCOPY OF THE OWNER'S ID CARD IS REQUIRED.

PLEASE RETURN TO THE FOLLOWING E-MAIL ADDRESS : AGC.FOURRIERE@LAVAL.CA