

Customer Information:

Authorization No.
Name of Contract Holder:
Phone (Work):
Street Address:
Province:

Date(MM-DD-YYYY)
Phone (Home):
Email:
City:
Postal Code:

Vehicle Information:

Year / Make / Model:
Date of Total Loss:
Contract/Policy Number:
Date of Purchase:

VIN (Vehicle ID Number):
Kilometers at Time of Loss
Date of Purchase:
Last Inspection Date:

Lender / Finance Information:

Lender Name:
Original Loan Amount:

Loan Account Number:
Remaining Balance at Time of Loss:

Insurance Settlement Information:

Insurance Company Name:
Phone:
Claim Number:
Deductible Amount:
Claim Number:

Adjuster Name:
Email:
Settlement Amount Paid by Insurance:
Salvage Value:
Settlement Amount Paid by Insurance:

Required Attachments:

- | | | |
|--|---|--|
| <input type="checkbox"/> Insurance Settlement Letter | <input type="checkbox"/> Total Loss Letter | <input type="checkbox"/> Loan Payoff Statement |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> Police Report (if applicable) |

Signature:

Customer Signature:
Date(MM-DD-YYYY)

Finance Representative (if applicable):
Date(MM-DD-YYYY)

FINX Capital Authorized:
Date(MM-DD-YYYY)