

DISPOSITION OF SALVAGE REPORT
 STOLEN AND SALVAGE VEHICLE PROGRAM
 REQUEST FOR OWNERSHIP TRANSFER AND AUTHORIZATION

REGISTERED OWNER	INSURANCE PARTICULARS
Surname: Given Names: Date of Birth: (D) (M) (Y) MVB File (RIN) #: Permit #: Address: Street City, Prov. Postal Code	Insurance Co: Address: (Street) (City, Prov) (Postal Code) Claim Rep: Policy No:

VEHICLE PARTICULARS
VIN:

Plate No:	Prov. / State:	Odometer Reading:	Model Year:
Make:		Model:	Colour:
Type: Car: <input type="checkbox"/>	Truck / Van: <input type="checkbox"/>	Motorcycle: <input type="checkbox"/>	Other: <input type="checkbox"/> (Specify)

LOSS PARTICULARS	
Date of Loss: (D) (M) (Y)	Insurer Claim No:
Adjuster / Appraiser:	Company:
Address: (Street) (City, Prov.) (Postal Code)	

<p align="center">Loss By</p> Theft: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) Collision / PD: <input type="checkbox"/> Fire: <input type="checkbox"/>	Vehicle is Salvage: <input type="checkbox"/> Vehicle is Irreparable: <input type="checkbox"/> Vehicle is Stolen, Not Recovered: <input type="checkbox"/> Owner Retained Salvage: <input type="checkbox"/> Salvage sold to:
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MARK DAMAGE

<input type="checkbox"/> Vehicle Salvage :	
<input type="checkbox"/> Value before incident:	\$
<input type="checkbox"/> Estimated cost of repairs:	\$
<input type="checkbox"/> Amount received for salvage:	\$

Note: A valid registration permit signed off by the owner should be retained by the insurer. If branded as "Salvage", only the new registration, in the insurer's name, need be provided to the new purchaser when the vehicle is disposed of.