

Fax: 780-427-3479 Email: vehicle.insurance@gov.ab.ca

VEHICLE INSURANCE INFORMATION

Name of Insurer Aviva Canada				
Address Street		City/Town	Province	Postal Code
10 Aviva Way Suite 100		Markham	ON	L6G 0G1
Contact Person's Last Name		First Name	Email Address	
Telephone Number	Ext	Fax Number	Policy Number	Claim Number
866-692-8482				

REGISTERED OWNER INFORMATION

Company Name / Last Name		First Name	Initial	Telephone Number
Address Street		City/Town	Province	Postal Code
				Fax Number

VEHICLE INFORMATION

Make	Model	Year	Type (truck, bus, auto, etc.)	
Vehicle Identification Number (VIN)		Odometer	License Plate	Province/State
		<input type="checkbox"/> Km <input type="checkbox"/> Mi		

LOSS DETAILS

Peril	Salvage (yyyy/mm/dd) Date	Owner Retained Salvage <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Type <input type="checkbox"/> Unibody <input type="checkbox"/> Body/Frame
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Check ONE only

☐ Salvage ☐ Non-Repairable

Mark Damaged Areas

Left Front Right

Rear

	FRONT		REAR	
	Left	Right	Left	Right
RAILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LEFT		RIGHT	
	A	B	C	A
PILLARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR BAG	Yes	No	If Truck, Box Damage	
Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Deployed	<input type="checkbox"/>	<input type="checkbox"/>	Steering Suspension	
Missing	<input type="checkbox"/>	<input type="checkbox"/>	Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	

Estimate Amount	\$
Actual Cash Value	\$
Salvage Yard:	
Salvage City:	

Comments

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Report must be forwarded to Transportation Safety Services, Vehicle Safety, within six days of salvage date.

This information is protected under the *Freedom of Information and Protection of Privacy Act*. The information collected will be used to administer the Vehicle Inspection Regulation. For more information about this collection, call Vehicle Safety in Edmonton at 780-427-8901 or toll free at 780-310-0000. Mailing address: Transportation Safety Services, Vehicle Safety, Main Floor Twin Atria Building, 4999-98 Avenue, Edmonton AB T6B 2X3.