

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

VEHICLE INSURANCE INFORMATION

Name of Insurer Aviva Canada				
Address Street		City/Town		Province
10 Aviva Way Suite 100		Markham		ON
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	<input type="checkbox"/> Km <input type="checkbox"/> Mi	License Plate
				Province/State

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
-------	------------------------------	--	---

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

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.