

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

REGISTERED OWNER	INSURANCE PARTICULARS
Name:  Address:   Phone:	Aviva Canada 10 Aviva Way Suite 100 Markham, ON L6G 0G1 866-692-8482  Policy #: Claim #: Claim Representative:

VEHICLE PARTICULARS			
VIN:			
Make:	Model:	Year:	
Color:	Type:	License Plate:	Province/State:
Odometer:	KM	MI	
Loss Date:	Salvage Date:		

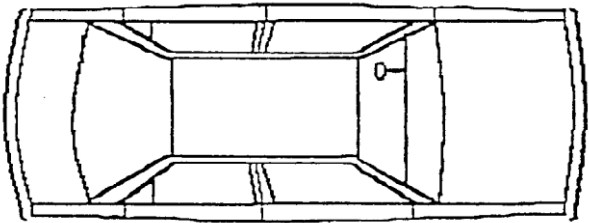
Appraiser	
Appraiser:	(Name) _____ (License No.) _____
Appraisal Co:	(Name) <u>Snapshot</u>
Address:	(Street) <u>1 N. Dearborn St. #600</u>
	(City, Prov) <u>Chicago, IL</u> (Postal Code) <u>60602</u>

LOSS BY	
Theft: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____ Collision / PD _____ SRS deployment _____ Fire: <input type="checkbox"/>	<b>Vehicle is Salvage:</b> <b>Vehicle is Irreparable:</b> <input type="checkbox"/> <b>Vehicle is Stolen, Not Recovered:</b> <input type="checkbox"/>

**MARK DAMAGE**

☐ ☐ ☐ ☐ ☐ ☐

Driver's Side

☐  ☐

Passenger's Side

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**Vehicle Salvage:**

Value (ACV) before incident: \$ \_\_\_\_\_

Estimated cost of repair: \$ \_\_\_\_\_

Amount received for salvage: \$ \_\_\_\_\_

Note: A valid registration permit signed off by the owner should be retained by the Insurer. If branded as "Salvage", the registration should be provided to the new purchaser when the vehicle is disposed of.

