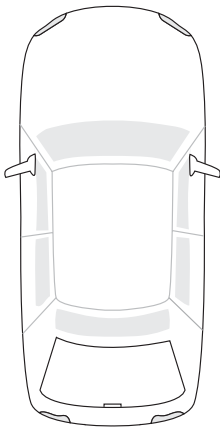


Vehicle insurance information			
Name of insurer		Policy number	Claim number
Address		City/town	Prov./terr. Postal code
Contact person	Phone	Fax	Email
Registered owner			
Company/individual name (last, first, initial)		Phone	Fax
Address		City/town	Prov./terr. Postal code
Vehicle			
Make	Model	Year	Vehicle type (truck, bus, automobile etc.)
Vehicle ID number (VIN)	Odometer	Licence plate	Prov./terr.

Loss details																													
Peril	Salvage date YYYY/MM/DD	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: <input type="checkbox"/> Salvage <input type="checkbox"/> Non-repairable Mark damaged areas: 		<table border="1"> <thead> <tr> <th></th> <th>Front</th> <th>Rear</th> </tr> </thead> <tbody> <tr> <td>Rails</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> </tr> <tr> <td>Doors</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> </tr> <tr> <th></th> <th>Left</th> <th>Right</th> </tr> <tr> <td>Pillars</td> <td><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</td> <td><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</td> </tr> <tr> <td>Air bag</td> <td colspan="2"><input type="checkbox"/> Equipped <input type="checkbox"/> Deployed <input type="checkbox"/> Missing</td> </tr> <tr> <td>If truck:</td> <td colspan="2">Box damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Steer. suspension</td> <td colspan="2">Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">Comments</td> </tr> </tbody> </table>		Front	Rear	Rails	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	Doors	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right		Left	Right	Pillars	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Air bag	<input type="checkbox"/> Equipped <input type="checkbox"/> Deployed <input type="checkbox"/> Missing		If truck:	Box damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Steer. suspension	Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments		
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Steer. suspension	Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Comments																													
Estimate	Actual cash value	Salvage yard	Salvage city																										

Report must be forwarded to Yukon government Motor Vehicles within 6 days of salvage date.

Phone: 867-667-5315 • Fax: 867-393-6220 • Email: motor.vehicles@gov.yk.ca

This information is being collected under the authority of the *Motor Vehicles Act*. It will be used for the administration and enforcement of the Act and Regulations and for other lawful purposes. The personal information is protected in accordance with the *Access to Information and Protection of Privacy Act*.