

Salvage Disposition Statement

Policy Information

Policy Number

Insured Name

Date of Loss

Claim Number

Adjuster Name

Vehicle Information

Year

Make

Model

VIN

License Plate

Salvage Disposition

Salvage Yard / Purchaser

Date Transferred

Salvage Amount

Notes

I hereby declare that the information provided above is true and correct to the best of my knowledge, and that the vehicle described has been disposed of as salvage in accordance with insurance company procedures.

Signature of Authorized Representative

Date

