

Insurance Company Salvage Claim Release Form

CLAIMANT INFORMATION

Full Name

Address

Phone Number

Email Address

INSURANCE & CLAIM DETAILS

Policy Number

Claim Number

Date of Loss

Description of Salvaged Property

RELEASE AGREEMENT

Agreement Details

By signing below, I acknowledge that I have received payment for my loss in accordance with the above reference.

Claimant Signature

Sign here

Date

Insurance Company Representative

Sign here

Date

Notice: Please ensure all information provided is accurate. Signing this form constitutes legal transfer of the salvage property and release of further claims.