

# 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 referenced policy.

Claimant Signature

Sign here

Date

Insurance Company Representative

Sign here

Date

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