

Insurance Salvage Surrender Notification Form

Policyholder Details

Full Name

Policy Number

Contact Number

Email Address

Contact Address

Vehicle / Property Information

Type (Vehicle/Property/Other)

Make/Model

Registration/ID Number

Year

Salvage / Surrender Details

Reason for Salvage / Surrender

Date of Surrender

Location of Asset

Additional Information

Notes / Comments

Policyholder Signature

Date
