Manitoba Public Insurance

Salvage Pick Up Form

Fax to: Salvage Department @ 204-224-5616

Claim #: _____ **Owner's Name:** _____

Shop Name: _____ **Shop Address:** _____

Shop Reference #: _____

Service Centre: _____

Plate Number: _____

Year: _____ **Make:** _____ **Model:** _____

The Following Parts are Ready for Pick Up:

_____

Name (Please Print): _____ **Date:** _____

Signature: _____

This Section Completed by the Salvage Department/Estimator

Parts Received: **Yes** ☐ **No** ☐

Comments: _____

Name (Please Print): _____ **Date:** _____

Signature: _____

- This original form must be attached to the Manitoba Public Insurance billing copy and will be returned to the claim file.
- If any parts are not available for pick up, add comments and send the completed form to the estimating coordinator.
- A copy of this form must accompany the returned salvage.