

Authorization for MPI Claim Transfer

I (customer name),	, the registe	, the registered owner of the following vehicle:	
Year:	Make:	Model:	
VIN:	Licence P	late:	
Have transferred ownersh	ip of this vehicle to (name	of the new owner)	
in (city/town)	, Ma	nitoba. Prior to transferring ow	nership of the
vehicle to the new owner,	l made a claim with Manito	oba Public Insurance for damag	e to the
vehicle. The claim number	is		
With my knowledge and co	onsent, the new vehicle ow	vner will pursue the claim under	r my policy.
I understand that, if I am fo	ound liable for the claim, m	ny Driver Safety Rating will be in	mpacted; even
though, I have transferred	the claim to the new owne	er. I grant (new owner)	
authorization to sign off or	n repairs completed under	claim number	on my
behalf.			
Registered Owner (signatu	re):		
Name (business, individual)	·		
Signature:			
Date:			

NOTE: This <u>Authorization for Claim Transfer</u> does not replace documents that the repair facility is required by Manitoba Public Insurance to submit to process the claim for payment. Completion of this form does not automatically guarantee or verify coverage on the claim. Appropriate confirmation with the adjuster is required. Original owner is required to sign off on any declaration of related damage as part of the loss prior to authorizing the claim transfer. Upon completion of the claim repair and/or settlement, the new owner will be responsible for paying any costs, such as deductible and betterment, as displayed on the final cost of repairs. Loss of use eligibility and tax responsibility are based on the original owner's policy and will need to be verified by Manitoba Public Insurance.