

Sender Information

From:		Registered Account Number:	Date:
Phone:	Fax:	Email:	RVI Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Appointment Information

RVI Claim Number	Preferred Repair Shop:	Preferred MPI Location:
------------------	------------------------	-------------------------

Do you require a priority MPI estimate (within 3 business days)? Note: priority estimates are done at Bison Drive Service Centre. ☐ Yes ☐ No

If your claim is eligible for [Direct Repair](#), would you like to have your vehicle estimated at a participating shop? ☐ Yes ☐ No

- If yes, please use the [Find an Accredited Repair Shop](#) tool at mpi.mb.ca to locate a participating shop.

If your claim is eligible, do you want to participate in the Photo Based Estimating program? ☐ Yes ☐ No

- If yes, please enter the email address you would like to use for Photo Based Estimating:

Vehicle Information

Year:	Make:	Model:	Licence Plate:	Body Style:	Colour:
Is the vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the vehicle been towed to a compound? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Damage Area:		Location (if applicable):		Preferred Towing Company (Winnipeg Only):	

Driver Information

Name:		Address (Street Number, Street Name, City, Postal Code):	
Driver's Licence Number:	Expiry:	Home Phone:	Cell Phone:

Renter Information (if different from driver)

Name:		Address (Street Number, Street Name, City, Postal Code):	
Driver's Licence Number:	Expiry:	Home Phone:	Cell Phone:

Passenger Information

Name	Contact Information

Witnesses

Name	Contact Information

Third Party Details (1)

Driver's Name:		Driver's Address (Street Number, Street Name, City, Postal Code):		Name of Insurer:	
Driver's Licence Number:	Driver's Licence Expiry:		Home Phone:	Cell Phone:	
Owner's Name:		Owner's Address (Street Number, Street Name, City, Postal Code):		Owner's Phone Number:	

Vehicle Information

Year:	Make:	Model:	Licence Plate:	Body Style:	Colour:
Damage Area:					

Third Party Details (2)

Driver's Name:		Driver's Address (Street Number, Street Name, City, Postal Code):		Name of Insurer:	
Driver's Licence Number:	Driver's Licence Expiry:		Home Phone:		Cell Phone:
Owner's Name:		Owner's Address (Street Number, Street Name, City, Postal Code):		Owner's Phone Number:	

Vehicle Information

Year:	Make:	Model:	Licence Plate:	Body Style:	Colour:
Damage Area:					

Third Party Details (3)

Driver's Name:		Driver's Address (Street Number, Street Name, City, Postal Code):		Name of Insurer:	
Driver's Licence Number:	Driver's Licence Expiry:		Home Phone:		Cell Phone:
Owner's Name:		Owner's Address (Street Number, Street Name, City, Postal Code):		Owner's Phone Number:	

Vehicle Information

Year:	Make:	Model:	Licence Plate:	Body Style:	Colour:
Damage Area:					

Accident Details

Date of Loss:	Time of Loss:	Location:	Police Report Number:
---------------	---------------	-----------	-----------------------

Driver's Statement

To your knowledge, did the driver of the vehicle consume drugs or alcohol in the 12 hours prior to loss?

☐ Yes ☐ No

To your knowledge, was the driver wearing their corrective lenses at the time of the loss?

☐ Yes ☐ No

*Please select Yes or No, where applicable.

Comments

I hereby declare that the information maintained herein is a true statement as obtained from the driver for the above.

Signature

Date

Submit by Email

Send this form, along with your rental agreement, to newrentalclaim@mpi.mb.ca or by fax to 204-985-3525.
You will be contacted within one business day with your claim details and/or if more information is required.