DMV

DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

INSURER'S NOTIFICATION TO DMV – NOTICE OF TOTALED VEHICLE –

CLEAR FORM

Mail Completed Form To:

DMV Totaled Vehicle Desk
1905 Lana Ave NE
Salem OR 97314

INSTRUCTIONS:

An insurer may use this form to notify the Driver and Motor Vehicle Services Division (DMV), as required by ORS 819.014, when a vehicle has been declared a total loss by an insurer that is obligated to cover the loss and the insured is retaining the vehicle as salvage. Notification must be made to DMV within 30 days of the date the vehicle is declared a total loss. The registered owner of the vehicle must be notified that they are required to surrender the certificate of title to DMV and notify any subsequent purchaser that the vehicle is a totaled vehicle.

This notice must contain the following information:

a) The year model, make and vehicle's identification number;
b) The vehicle registration plate number and state of registration, if known;
c) The name, address and phone number of the insurer who is submitting the notice; and
d) The insurer's claim number and the date the vehicle was declared a total loss by the insurer. OAR 735-024-0110

VEHICLE AND OWNER INFORMATION

PLATE NUMBER AND STATE OF REG. (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER
VEHICLE YEAR MODEL	VEHICLE MAKE
NAME OF INSURED	
INSURED ADDRESS	
CITY	STATE / ZIP CODE

INSURANCE COMPANY AND DATE OF LOSS

DATE OF LOSS	
CLAIM NUMBER	
INSURANCE COMPANY NAME	TELEPHONE NUMBER ( )
INSURANCE COMPANY ADDRESS	
CITY	STATE / ZIP CODE
AUTHORIZED SIGNATURE FOR INSURANCE COMPANY X	DATE

This form is only available on DMV's website at www.OregonDMV.com.