

# Motor Vehicle Release for Insurance Claims

## Vehicle Owner Information

Name

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Address

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Phone

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Email

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## Vehicle Information

Make

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Model

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Year

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VIN

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License Plate Number

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## Insurance Company Information

Company Name

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Claim Number

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Adjuster Name

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Adjuster Phone

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## Release Authorization

I hereby authorize the release of the above motor vehicle to the insurance company and/or its authorized agent for the purposes of claims processing, inspection, or transportation.

Additional Notes or Instructions

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Owner Signature

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Date

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