



Vehicle Total Loss Claim Settlement Report

Insurance companies use this form to notify us within 15 days of settling a total loss claim on a vehicle. Submit this completed form to:

**Insurance Destroyed Desk
Department of Licensing
PO Box 9038
Olympia, WA 98507-9038**

This form is not valid unless fully completed.

Vehicle information

Plate number	State	Vehicle identification number (VIN)	Model year	Make	Model
Registered owner name					
Address					
City				State	ZIP code
Legal owner name <i>(Enter "SAME" unless different from registered owner)</i>					
Address					
City				State	ZIP code
Status <input type="checkbox"/> Retained by owner <input type="checkbox"/> Retained by insurance company <input type="checkbox"/> Sold					

Insurance information

Name of insurance company			
Name of insurance company representative			10-digit phone number
Address			
City			State ZIP code
File or claim number	Date of loss	Settlement date	Today's date

Market value threshold

Insurance companies are required to state whether a vehicle meets the current market value threshold, when reporting vehicles that are wrecked, destroyed or damaged.

<p>Answer the following</p> <p>Does this vehicle meet all the following "salvage vehicle" criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • Passenger car, light-duty truck with a gross weight of 12,000 pounds or less, or a sport utility vehicle • Is 6-20 years old • Meets the current market value threshold <p>If you do not mark the Yes or No box, the vehicle record may result in a WA REBUILT brand.</p>
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Visit dol.wa.gov for the current market value threshold.

RCW 46.04.514; 46.12.600

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