

[Date]

[Insured Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

## **RE: Notice of Total Loss and Salvage Disposition**

Claim Number: [Claim Number]  
Policy Number: [Policy Number]  
Date of Loss: [Date of Loss]  
Vehicle: [Year, Make, Model]  
VIN: [Vehicle Identification Number]

Dear [Insured Name],

Based on our inspection and evaluation of the damages sustained to the vehicle listed above, we have determined that the cost of repairs exceeds the vehicle's Actual Cash Value (ACV). Therefore, your vehicle has been declared a total loss.

### **Settlement Details:**

- Actual Cash Value: \$[Amount]
- Sales Tax: \$[Amount]
- Title/License Fees: \$[Amount]
- Less Deductible: - \$[Amount]
- **Net Settlement Amount: \$[Total Amount]**

### **Salvage Disposition Options:**

Please select one of the following options regarding the disposal of the vehicle:

#### **Option 1: Transfer Title to Insurance Company**

We will pay the full settlement amount listed above. You must provide the signed vehicle title and any spare keys. We will arrange for the vehicle to be moved to a salvage facility at no cost to you.

#### **Option 2: Owner Retention**

If you choose to keep the vehicle, we will deduct the salvage value of \$[Salvage Value] from your settlement. You will receive a net payment of \$[Adjusted Amount]. Please note that you will be responsible for complying with state laws regarding "Salvage" or "Rebuilt" titles before the vehicle can be legally driven again.

### **Required Documents:**

To finalize this claim, please submit the following:

- Original Vehicle Title (signed over to [Insurance Company Name])
- Odometer Disclosure Statement
- Power of Attorney for Motor Vehicle Transfer
- Lien Release (if applicable)

Please contact your claims adjuster at [Phone Number] or [Email Address] by [Date] to confirm your choice of disposition.

Sincerely,

[Adjuster Name]

[Insurance Company Name]