

Requestor Information

Requestor is (check one): Driver Passenger Executor/Executrix of Estimate¹ Administrator of Estate²
 Other (specify) _____

¹ Must provide Grant of Probate and notarized will
² Must provide notarized Letters of Administration

Driver's Licence Number:		Customer Number (if available):	
Name (last name, first name, middle initial):		Phone:	
Address (number and street, or box number):		City or Town:	Province:
			Postal Code:

Accident Details

Date of Loss:	Location:
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Driver Information (if different from above)

Driver's Name:	Date of Birth:	Driver's Licence Number:
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Authorization to Disclose Accident Report

I hereby authorize Manitoba Public Insurance to disclose my accident report to the following:

Organization or Business:	Individual (Last Name, First Name, Middle Initial):		
Address (number and street, or box number):	City or Town:	Province:	Postal Code:

Signature*

Date

*A photocopy or fax of this signed authorization shall have the same authority as the original.

Payment

For each accident report, please send a \$10 (plus GST) cheque or money order payable to Manitoba Public Insurance. If you wish to pay by credit card, please provide your daytime phone number and Driver Records will contact you.

In the event a police traffic accident report is not available, your cheque or money order will be returned to you.

Name:	Daytime Phone Number:
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Mail or fax this request to:

Manitoba Public Insurance
 Driver Records and Suspensions
 Box 6300
 Winnipeg, MB R3C 4A4
 Fax: 204-954-5372

Office Use Only:

Fee Paid
 \$10 (plus GST)