



**2.1.11a**

**REPORT REQUESTS**

**DRIVER'S ABSTRACTS / SEARCHES / ACCIDENT REPORTS**

Please indicate which information you are requesting; if you are not picking up or arranging for delivery of the form to yourself, please submit a separate signed letter authorizing the release of the information that you are requesting!

<b>Date of Request:</b>	
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<b>DRIVER'S ABSTRACTS / SEARCHES</b>	
<b>Name</b> (first, last)	
<b>Date of Birth</b> (dd/mm/yy)	
<b>Driver's Licence Number</b>	
PLATE NUMBER	n/a
VALTAG NUMBER	n/a
V.I.N. NUMBER	n/a
OTHER	n/a
<b>Signature</b>	

<b>ACCIDENT REPORTS</b>	
<b>File Number</b>	
<b>Date of Accident</b> (dd/mm/yy)	
<b>Parties Involved</b>	
VALTAG NUMBER	
<b>Signature</b>	

<b>Authorization to Release of Information</b>				
Send report to myself	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I hereby authorize the Motor Vehicles Division to send this report to:				
Name	Hooper Holmes Canada Ltd.			
Address	1059 McNicoll Avenue, Toronto, ON M1W 3W6			
<b>Signature</b>				
<b>TO BE FILLED OUT BY MOTOR VEHICLES OR AGENT</b>				
Requested by:				
Date:				
Company Name:				
Signature of Issuer:				
Interim Receipt #:		Amount:		
Issued by:				