

**Bulletin 01-2012**

January 12, 2012

**TO: ALL LICENSED AUTOMOBILE INSURERS LICENSED IN ALBERTA**

**ATTENTION: Chief Executive Officer**

**Re: Automobile Insurance Motor Vehicle Inspection Report**

Attached please find a revised Automobile Insurance Motor Vehicle Inspection Report (VIR).

We have amended the VIR to identify the report is for insurance underwriting purposes only. This revision will eliminate some confusion that had been associated with this form in the past.

The revised form can be used effective immediately and will replace the former approved form on May 1, 2012.

Should you have any questions, please contact Peter Blandy, Compliance Manager, at (780) 415-8556.

Sincerely,

*Original signed by*

Mark Prefontaine  
Superintendent of Insurance

PB/pc

Attachment

*Alberta* ■

The Alberta Superintendent of Insurance has approved this form pursuant to section 803 of the *Insurance Act*.

**AUTOMOBILE INSURANCE MOTOR VEHICLE INSPECTION  
REPORT**

This Report is required only if the vehicle is 12 years or older and must be completed by a licensed mechanic.

<b>Applicant/Insured Name:</b>		<b>Insurer Name:</b>	
<b>Insurance Broker:</b>		<b>Policy Number:</b>	
<b>Vehicle Year:</b>	<b>Make:</b>	<b>Vehicle Model:</b>	
<b>VIN #:</b>			

**This Section to be completed by a Licensed Mechanic**

	Roadworthy	Reject		Roadworthy	Reject
<b>Steering</b>			<b>Electrical System</b>		
Steering Box/Rack			Head Lamp/Tail Lamps		
Struts/Shocks			Stop Lamps		
Front Suspension			Signal Lamps		
Tie Rod Ends			Windshield Wipers		
<b>Tires</b>			<b>General Conditions</b>		
Front			Body Condition		
Rear			Muffler/Exhaust		
<b>Brakes</b>			Motor		
Front Lining or Drums			Windshield		
Rear Lining or Drums			Seat Belts		
Park			<b>Is the vehicle roadworthy:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Brake Hoses			<b>Has the vehicle been altered for speed or performance?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Brake Lines					

<b>Mechanic's Statement:</b>	<b>I certify that I have inspected and tested the motor vehicle described above and found it to be in the condition stated above.</b>
Automotive Repair Shop: Name, Address, Phone Number (Print or Stamp)	
Date Inspection Completed:	
Mechanic's Name (Print):	
Signature of Qualified Mechanic:	
Mechanic's Certificate No.:	