

Alliance United Insurance Company

P. O. Box 6942 Ventura, CA 93006-6942
800-508-5833 ~ 818-721-3879 fax

Vehicle Reinspection Form

REFERENCE:

Claim No.: _____ Insured: _____ Date of Loss: _____

Reinspection Date: _____ Reinspections Location: _____

Mileage @ First Appraisal: _____ @ Reinspection: _____

VEHICLE:

Year: _____ Make: _____ Model: _____ Color: _____

License: _____ State: _____ VIN: _____

CHECK ONE:

Inspected before repairs Inspected during repairs Inspected after repairs

CHECK ONE:

- | | |
|---|--|
| 1. Does the repair operation follow the appraisal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the damage match the facts of the loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the appraisal depict the damages? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Was betterment applied and explained why applied? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you find evidence of any old damage (unrelated)?
(If yes, explain below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did you find evidence of improper / unacceptable repairs?
(If yes, explain below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you find any evidence of fraudulent repairs?
(If yes, explain below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

General comments, exceptions and / or recommendations:

Reinspector: _____ Signature: _____

Date: _____