



Vehicle Owner: _____ File# : _____ Claim No: _____

Insured: _____ Company: _____ Policy No: _____

Year _____ Manufacturer _____ Model No: _____ Type _____ License No: _____ State _____

Serial No: _____ Odometer Reads: _____

____ This Acknowledges assignment of this case on _____ by _____

Coverage Type: _____ Limits: _____

Accident: Date _____ Time: _____ Location _____

Location of Vehicle:	Advance Charges:	Cause of Damage	Vehicle Status
<input type="checkbox"/> Repair Facility	Towing: \$ _____	<input type="checkbox"/> Collision <input type="checkbox"/> Theft	Driveable: Yes ___ No ___
<input type="checkbox"/> Towing Facility		<input type="checkbox"/> Fire <input type="checkbox"/> Vandalism	Inspection Completed:
<input type="checkbox"/> Place of Business	Storage: \$ _____	<input type="checkbox"/> Mechanical <input type="checkbox"/> Animal	<input type="checkbox"/> Before Repair
<input type="checkbox"/> Drive By		<input type="checkbox"/> Hail <input type="checkbox"/> Comprehensive	<input type="checkbox"/> During Repair
<input type="checkbox"/> Residence	Other: \$ _____	<input type="checkbox"/> Submersion <input type="checkbox"/> Other	<input type="checkbox"/> After Repair
<input type="checkbox"/> Other			Vehicle Disassembled: ___ Y ___ N
			Has Vehicle Been Modified ___ Y ___ N

Inspection Activity:

Agreed Figure Established:	___ Y ___ N	Additional Allowance Required:	___ Y ___ N
Repair Facility Supplied With Appraisal Company	___ Y ___ N	Betterment/Depreciation Involved:	___ Y ___ N
Owner Supplied with Appraisal Copy	___ Y ___ N	Appearance Allowance	___ Y ___ N
Repair Facility of Owner's Choice	___ Y ___ N	Appraisal in Excess of Shop Estimate	___ Y ___ N
Alternate Repair Facility Used	___ Y ___ N	Repair Facility Estimate Amount \$	_____

Value Comparison

Appraisal Amount\$ _____ Approximate Retail ACV \$ _____ Book _____ Pub Date _____

Damage Consideration:

Possible Additional Damage ___ Y ___ N Prior Unrelated Damage ___ Y ___ N Amount \$ _____

Repair Options:

Aftermarket Parts used: ___ Y ___ N Supplier: _____

LKQ Parts Used: ___ Y ___ N Supplier: _____

NOTE: EXPLANATION REQUIRED

Recommendation:

Salvage Disposition:

Further Activity:

Appraiser: _____ Date: _____