

Comparable Vehicle : \_\_\_\_\_



<b>Owner Information</b>	Owner: _____		Phone: _____		Date _____		SCA Number _____		
	Address: _____		City _____		State _____		Claim Number _____		
	Year	Make	Model	Doors	Bodystyle	Drive	Edition	Odometer	Ext. Color
	Engine Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> Supercharged <input type="checkbox"/> Other _____			Engine Size _____	# of Cyl. _____	Trans. <input type="checkbox"/> Auto <input type="checkbox"/> 2sp <input type="checkbox"/> 3sp <input type="checkbox"/> 4sp <input type="checkbox"/> 5sp <input type="checkbox"/> Manual <input type="checkbox"/> 3sp <input type="checkbox"/> 4sp <input type="checkbox"/> 5sp <input type="checkbox"/> 6sp			

<b>Vehicle Equipment</b>	<b>POWER ACC.</b>	<b>RADIOS/ALARMS</b>	<b>SEATS</b>	<b>ROOF</b>	<b>WHEELS/TIRES</b>
	<input type="checkbox"/> Power Brakes (PB)	<input type="checkbox"/> AM Radio (AM)	<input type="checkbox"/> Power Seat (ES)	<input type="checkbox"/> Vinyl Top (VNL)	<input type="checkbox"/> Wire Wheels (A(W))
	<input type="checkbox"/> Power Steering (PS)	<input type="checkbox"/> AM/FM Stereo (FMS)	<input type="checkbox"/> Dual Pwr (PPS)	<input type="checkbox"/> Luggage Rack (RAK)	<input type="checkbox"/> Wire Wheel Covers (WWC)
	<input type="checkbox"/> Power Windows (PW)	<input type="checkbox"/> AWFm Tape (FMC)	<input type="checkbox"/> Split (SBS) <input type="checkbox"/> 60/40(60)	<input type="checkbox"/> Carriage Roof (CRF)	<input type="checkbox"/> Alloy (ALW) <input type="checkbox"/> AM _____
	<input type="checkbox"/> Power Locks (PQ)	<input type="checkbox"/> Compact Disc Player (CD)	<input type="checkbox"/> Bucket (BST)	<input type="checkbox"/> T-Top Glass (GPR)	<input type="checkbox"/> Chrome (CHR) <input type="checkbox"/> AM _____
	<input type="checkbox"/> Power Mirrors (PM)	<input type="checkbox"/> CD Changer (CDC)	<input type="checkbox"/> Cloth/Velour (VEL)	<input type="checkbox"/> T-Top Solid JTP	<input type="checkbox"/> Wide Tires (WDT) <input type="checkbox"/> AM _____
	<input type="checkbox"/> Cruise Control (CC)	<input type="checkbox"/> Equalizer (GEQ)	<input type="checkbox"/> Leather (LTH)	<b>SUNROOF</b>	<b>OTHER</b>
	<input type="checkbox"/> Tilt Wheel (TW)	<input type="checkbox"/> Removed	<input type="checkbox"/> Vinyl (VNS)	<input type="checkbox"/> Sliding-Power (PSU)	<input type="checkbox"/> Lowered _____ in. (LOW)
	<input type="checkbox"/> Rear Defroster (DEF)	<input type="checkbox"/> CB (CB)	<b>PAINT/TRIM/GLASS</b>	<input type="checkbox"/> Sliding-Manual (MSR)	<input type="checkbox"/> Ground Eff. Pkg. (GRD)
	<input type="checkbox"/> Air Con. (AC) <input type="checkbox"/> Dual (DAC)	<input type="checkbox"/> Alarm System (ALR)	<input type="checkbox"/> Tu-Tone (TN2)	<input type="checkbox"/> Pop-Up (PMR)	<input type="checkbox"/> Trailer Hitch (TRH)
<input type="checkbox"/> Anti-Lock Brakes (ABS)	<input type="checkbox"/> Phone(CTP)	<input type="checkbox"/> Custom (CPT)		<input type="checkbox"/> Fog Lamps (ROG)	
<input type="checkbox"/> Air Bag-Driver (ABR)		<input type="checkbox"/> Graphics (GRA)			
<input type="checkbox"/> Air Bag-Passenger (DAB)		<input type="checkbox"/> Tinted Glass (OEM) (TNT)			
<input type="checkbox"/> Air Bag Other _____		<input type="checkbox"/> Tinted AM _____			
<input type="checkbox"/> Power Antenna (ANT)					
<input type="checkbox"/> Rear Wiper (RWW)					

EQUIPMENT NOTES: \_\_\_\_\_

Inspected Yes  No  Asking Price \_\_\_\_\_ Will Take \_\_\_\_\_

**VEHICLE PRICING:** Adjustments are to make this vehicle comparable to the Insured or Claimant Vehicle

Poorer condition will add value - Better condition will subtract value

<b>INTERIOR</b>	
Seats: _____	Seats: Adjustment _____
Carpets: _____	Carpets: Adjustment _____
Dash: _____	Dash: Adjustment _____
Glass: _____	Glass: Adjustment _____
Headliner: _____	Headliner: Adjustment _____

<b>EXTERIOR</b>	
BODY: _____	Body: Adjustment _____
PAINT: _____	Paint Adjustment: _____
Repainted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Costs _____	
TRIM: _____	Trim: Adjustment _____
ROOF/TOP: (Check only if Carriage, Vinyl, or Convertible Top)	
Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Roof Adjustment _____

<b>MECHANICAL</b>	
Engine: _____	Engine: Adjustment _____
TRANS: _____	Transmission Adjustment: _____
<b>TIRES</b>	

FRONT:  New or 80-1 00%  Good or 30-79%  Worn or 0-29%  or over 7/32 in  or 4/32-7/32 in  or under 4/32 in REAR:  New or 80-1 00%  Good or 30-79%  Worn or 0-29%  or over 7/32 in  or 4/32-7/32 in  or under 4/32 in

**Comments:** \_\_\_\_\_

Tire Adjustment \_\_\_\_\_

Mileage Adjustment \_\_\_\_\_

Other Adjustments \_\_\_\_\_

**Adjusted Amount \$** \_\_\_\_\_

**Vehicle Condition**