



A division of SCA Enterprises, Inc

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Facsimile (818) 544-1332
assignments@sca-appraisal.com

Date: _____

AUDIT INFORMATION REPORT

FILE # _____

INSURANCE COMPANY INFORMATION

Company: _____

Claim #: _____

Attention: _____

Email: _____

REPAIR FACILITY INFORMATION

Shop Name: _____

Contact: _____

Phone #: _____

Facsimile: _____

File Auditor: _____ Agreed: YES _____ NO _____

Vehicle Owner: _____ Agreed By: _____

Agreed Notes: _____

AUDITING INFORMATION

Original Gross Estimate: \$ _____ Original Gross Taxes: \$ _____

Adjusted Gross Estimate: \$ _____ Adjusted Gross Taxes: \$ _____

Gross Dollar Change: \$ _____ Gross Taxes Change: \$ _____

Total Severity Change: _____ %

NOTES: _____
