

## Re-Inspection Report

Loss Number:

Date of Re-inspection:

Re-inspector Name:

Location of Inspection (include shop name):

Vehicle Being Re-inspected:

Year:

Make:

Model:

VIN:

*Include photographs of the repairs completed to date with this report.*

1. Was the appraisal followed?  Yes  No  
If no, why not?

2. Were the parts specified on the appraisal utilized?  Yes  No

3. If no, were aftermarket or LKQ parts used, or was the damaged part repaired?

New  Aftermarket  LKQ  Repaired

If no, reason for the change?

If there was a change, was this at the request of the customer?  Yes  No  
If no, why not?

4. Were quality repairs completed?  Yes  No

If there are applicable industry standards, were they met?  Yes  No  
If no, why not?

5. Was the shop's file checked for receipts/invoices?  Yes  No

6. If not in the shop file, were invoices for the parts purchased available?  Yes  No

Comments:

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Signature