

CA Vehicle Re-Inspection Report

Check Appropriate Box:

Vehicle Re-Inspected **DURING** Repair Process

Vehicle Re-Inspected **AFTER** Repairs were completed

Claim Number/Suffix: _____

Insured/Claimant: _____

Date of Loss: _____ Date Re-Inspected: _____

Re-Inspection Completed by: _____
(Company/Appraiser Name)

Re-Inspection Location: _____

Model Year: _____

Make/Model: _____

VIN Number: _____

Original Mileage: _____

Mileage (at time of re-inspection): _____

Repairs completed based on the original appraisal?	Yes	No
Duplicate billed items or billed for repairs not completed?	Yes	No
Parts estimated were repaired vs. replaced?	Yes	No
Recycled Parts Used?	Yes	No
Alternative Parts used when New OEM parts were estimated?	Yes	No
Parts listed in estimate were not repaired or replaced?	Yes	No
Any evidence that damage was enhanced?	Yes	No
Any evidence of sub-standard repairs?	Yes	No
Any evidence of fraudulent repairs or activity?	Yes	No
Should the results of this inspection be reported to California Bureau of Automotive Repair?	Yes	No

Comments: